



## Medical Form and Personal Profile

The Oneness Quest Programs contain activities that can be physically and emotionally demanding. We will try to accommodate people regardless of physical disability whenever possible, but we must have full disclosure of all physical and mental conditions prior to the course so that we can be prepared and can provide a safe environment for you and for all participating. We require that anyone under the care of a health professional for a current condition consult him/her to make sure that these programs are advisable, and all participants must continue to take any medications prescribed by a doctor for the duration of the program.

All information on these pages is solely for the use of Oneness Quest, for the course you are applying. All information will held in strict confidence, and to the extent of the law will not be released to anyone without your prior consent.

### GENERAL INFO

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Male  Female  Course Attending: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

*In case of emergency, please contact:*

Name / Relationship to you: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (work): \_\_\_\_\_

Address: \_\_\_\_\_

Back-up emergency contact: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (work): \_\_\_\_\_

Address: \_\_\_\_\_

### MEDICAL HISTORY

Are you under the care of a medical professional for a current condition? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

If yes, have you discussed your participation in this program with him/her? \_\_\_\_\_

*(We are available to discuss with your doctor any medical needs you might have).*

Are you currently taking any medications? If so, please list medication and

condition. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes, what are the food requirements for your medication? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you smoke? \_\_\_\_\_

Have you had any major surgery? If so, please list the reason and the date. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list all significant accidents and injuries and the approximate dates. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been hospitalized recently (past 2 years)? If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

List any allergies to medication: \_\_\_\_\_

---

Do you have any SERIOUS food allergies that cause medical complications? If yes, please list them, and rate the severity on a scale of 1-10. \_\_\_\_\_

---

**\*\***(Please note that we are not always able to accommodate mild food allergies/sensitivities.

We are concerned with foods that you can NOT, under any circumstances, eat without serious side effects)

Do you carry an EPI-PEN for your food (or other) allergy? \_\_\_\_\_

Other serious allergies: \_\_\_\_\_

List any areas of weakness in your body \_\_\_\_\_

---

On a scale of 1-10, how would you rate your current physical condition? \_\_\_\_\_

√ Check if you have had any history of the following  
(and circle any that are current)

- Heart disease
- High blood pressure
- Low blood pressure
- Diabetes
- Hyper/Hypoglycemia
- Asthma
- Arthritis
- Poor circulation
- Anemia
- Dizziness or loss of balance
- Back or neck problems
- Headaches

Is there any medical condition not listed here that could impact your participation in this program that we should know about? Please describe. \_\_\_\_\_

---

In the event of a medical emergency, do you have medical insurance? \_\_\_\_\_

Please list insurance information (insurance company, contact information, policy #, name of insured and relationship to you, etc) \_\_\_\_\_

---

## PSYCHOLOGICAL PROFILE

Are you currently under the care of a mental health professional? If yes, please explain. \_\_\_\_\_

---

If yes, have you discussed your participation in this program with him/her? \_\_\_\_\_

Have you ever experienced or been treated for depression? Please explain. \_\_\_\_\_

---

Are you currently experiencing depression? If so, how severe? \_\_\_\_\_

---

---

History of addictions: \_\_\_\_\_

---

Do you now or have you ever suffered from any kind of anxiety disorder (i.e. panic attacks, night terrors, phobias, flashbacks, etc.)? If yes, please explain. \_\_\_\_\_

---

Do you now or have you ever suffered from any type of dissociate disorder, or bipolar disorder (some types of energy work are contraindicated for these conditions)? If yes, please explain: \_\_\_\_\_

---

Have you undergone any stressful events in the past two years that have impacted you significantly (i.e. loss of a loved one, divorce, loss of employment, etc.)? Please explain.

---

---

---

Have you ever been the victim of violence, physical or sexual? If yes, at what age?

---

---

#### OTHER PRACTICES / LIFESTYLE

These questions are designed to get an idea of who our students are and what unique backgrounds you bring. We celebrate the diversity of the people who come to us. Some of you may have no experience in any of these areas, and that's perfectly fine. No prior experience is required unless specifically stated in the course description. For the retreats we offer that deal specifically with some of these skills, this will give us an idea.

Do you have a current exercise routine/ physical practice? How often? How strenuous?

---

---

---

How would you describe your current dietary habits  
(how much caffeine, sugar, meat, junk food, fruits and vegetables, etc. -- be honest!)

---

---

---

Do you have any hobbies? \_\_\_\_\_

---

Do you meditate? \_\_\_\_\_

If yes, what type, since when, how frequently, and how long is each session? \_\_\_\_\_

---

Have you ever done yoga? \_\_\_\_\_

If yes, what type, and what is your level of experience? \_\_\_\_\_

---

Have you ever fasted? If so, what type of fast and for how long? \_\_\_\_\_

---

Have you ever done any type of pranayama / breathwork? What type? \_\_\_\_\_

---

Have you studied any type of internal energy work (i.e. chi gung, tai chi, healing, etc.)?

If so, what type and for how long? \_\_\_\_\_

\_\_\_\_\_

Have you ever done a Vision Quest? How many? \_\_\_\_\_

\_\_\_\_\_

Please list any other intensives, retreats, or Sacred Ceremony that you've been a part of:

\_\_\_\_\_

\_\_\_\_\_

Are you and adherent of any spiritual or religious system? If so, which one? \_\_\_\_\_

\_\_\_\_\_

Are you happy with the direction of your life? Why or why not? \_\_\_\_\_

\_\_\_\_\_

How much control do you feel you've had over the direction your life is going? Please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever taken classes at the Tracker School or other programs with Earth-Heart or Oneness Quest? If so, which ones? \_\_\_\_\_

\_\_\_\_\_

Have you had any significant training, spiritual or otherwise, that you would like us to know about? \_\_\_\_\_

\_\_\_\_\_

#### PARTICIPANT RELEASE OF LIABILITY

I affirm that the confidential information, which I have provided, is accurate and complete. I understand that failure to disclose this information could affect my own safety and the safety of those around me, and I agree to hold Oneness Quest harmless if full disclosure of a preexisting medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary. I understand that parts of Oneness Quest programs may be physically or emotionally demanding. I agree to accept full responsibility and assume all risks, including those caused by acts of God, injury, death, and/or loss to my person and/or property knowingly and voluntarily, realizing that Oneness Quest will take all reasonable precautions to minimize these risks.

I knowingly, voluntarily, and irrevocably waive any and all past, present, and/or future injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by Oneness Quest as a student, participant, spectator, and/or visitor, or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrations. I certify that I am physically, mentally and emotionally capable to participate in the program I have applied for despite the rigors and dangers inherent in such undertaking. I acknowledge that the use of video recorders is prohibited.

I understand that at no time during the Vision Quest program will anyone be allowed to stay in the base camp during the Quest other than the Quest protectors/staff - this includes Questers who decide to leave their Quest early. A ride will be provided by a staff member to an outside location where you can arrange hotel accommodations or an early flight home. This is to ensure the undisturbed energy in the protected Quest area for those who remain for the full 4-days and nights, and to ensure that the Quest protectors can focus 100% of their energy on those actively Questing. No refund is given for anyone who chooses to leave early.

I understand that prices, policies and course dates are subject to change without notice, and that Oneness Quest is not responsible for any nonrefundable airfare at anytime. My signature below indicates my acceptance of these terms and my desire to participate in an Oneness Quest program. I also acknowledge that should I cancel, only \$150 of the \$300 nonrefundable deposit can be transferred (one time only) to another Oneness Quest program within 12 months of the original application. After 12 months, it is no longer transferable. If I do not notify Oneness Quest of my cancellation two weeks before the start of the class, none of the deposit is transferable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

P H O T O / M E D I A   R E L E A S E

I release to Oneness Quest rights to use any photograph or video taken while participating in an Oneness Quest program to be used as deemed by Oneness Quest, including web site, brochure or other advertising.

Signature: \_\_\_\_\_