

Dear Friend:

Welcome to the Purification & the Yoga of Life, #3805-329, to be held on August 17–22, 2008. I am looking forward to sharing this special time of attunement and revitalization with you. Please read this letter carefully, as it contains information that help you have a great fasting experience.

PLEASE COMPLETE AND FAX OR MAIL THE ENCLOSED HEALTH INFORMATION FORM AS SOON AS POSSIBLE TO Alison Shore Gaines, P.O. Box 2347, Lenox, MA 01240, fax: 413.442.3604.

If less than 2 days before Purification Program begins Fax to Omega Production at 845.266.8691.

This information must be reviewed in advance of the program, and we may wish to contact you to discuss how best to support you.

Here are a few suggestions to support you in feeling relaxed, prepared and nurtured during this fast:

- 1. Pre-fast cleansing diet:** To assist your body's transition into the cleansing process of this fast, we suggest that you eliminate sugar and fats from your diet several days prior to arrival. Also, we strongly recommend eliminating coffee, nicotine and any products containing artificial sweeteners from your diet 3-4 days in advance– withdrawal from these substances can be very uncomfortable the first few days of the program.
- 2. Reserve Health Services in advance:** We encourage you to make appointments as far in advance as possible. Various forms of bodywork (massage, shiatsu, reflexology, etc.) greatly enhance the purification process. Best times to schedule are 12:00-2:00 pm and after 6 pm.
- 3. Plan to stay for the whole program.** To facilitate a conscious, balanced transition back to solid foods, we will take 2 meditative meals together at the end of the program. This is an integral part of the program experience. Reintroducing solid food to the system is best done with support and guidance. As George Bernard Shaw said, "Any fool can fast, but it takes a wise person to eat well." **All participants are asked to stay thru the final lunch and to break the fast with the group.**
- 4. To bring with you:**
 - Bathrobe
 - Loose comfortable clothing
 - Journal
 - One or two inspirational books (keep it simple!)
- 5. Prepare your kitchen for your renewed, vibrant self to come home to!** Stock your kitchen with foods that will help you to continue your transition diet at home: vegetable bullion, potatoes, carrots, onions, apples and other veggies and fruit that will keep well while you are away. Also whole grains (rice, millet, kasha, etc.) natural sweeteners (barley malt, rice syrup, honey), herbal teas. And toss out all that junk food!

If you have further questions contact me by email asgaines07@aol.com or call (413) 442-3604.
Here's to a wonderful purification journey together!

In light and health,
Alison Shore Gaines

**OMEGA PURIFICATION & THE YOGA OF LIFE
HEALTH INTAKE FORM**

Thank you for your interest in our Purification & the Yoga of Life Retreat. We ask that you read and complete this form fully, even if you have submitted one for previous programs.

About this program: This program includes guidance in beginning and ending the fast, body attunement, stretching, aerobic walking, lifestyle awareness & conscious eating. The vegetable and fruit juices, grains and soups provide 1200-1500 calories per day. As the body undergoes moderate detoxification, you may experience one or more temporary symptoms such as: headache, fatigue, nausea, muscle weakness, light headedness, high energy, euphoria, clarity of mind and the senses, and emotional release. Taking daily enemas is recommended and instructions will be given. You will be encouraged to participate in the group activities which are designed to support you through this purification process.

Our Program Directors have many years experience facilitating the purification process for basically healthy individuals. Because our fasting program is educational in nature, it is not intended as therapy for serious illness, nor are we medically supervised.

There are a few health conditions that take special consideration when doing this program. So that we can best support you, we ask that you complete, sign and return this form immediately. Send to: Alison Shore Gaines, P.O. Box 2347, Lenox, MA 01240 or fax to (413) 442-3604. If less than 48 hours before the program begins, please fax to Omega at (845) 266-8691. IF faxing please be sure to fax both parts of form.

A. GENERAL INFORMATION Purification Retreat Dates _____

Name _____ Phone: Day _____ Eve _____
Address _____ City _____ State _____ Zip _____
Occupation _____ Birth Date _____ Gender _____ Height _____ Weight _____
Name of person to contact in case of emergency _____
Day Phone: _____ Eve Phone: _____ Relationship to you: _____

B. BACKGROUND INFORMATION

Knowing your background gives us a clearer idea of how to support you during the purification. Please describe any condition below that is now or has ever been true for you.

Have you ever fasted before? _____ If so, how long? _____

What fasted on? (water, juice, etc.) _____ In a Kripalu or Omega Fasting Program? _____

What are your reasons for wanting to do this program?

PLEASE COMPLETE NEXT PAGE ALSO

Do you have a hearing/vision or structural condition that would limit your activity in any way?

Are you currently using caffeine or nicotine? If so, how much daily? _____

(If you take coffee, nicotine, and artificial sweeteners in your diet, we strongly recommend that you wean yourself off the week before you come. Detox from these substances can be uncomfortable.)

Do you have any food sensitivities? If so, what foods? _____

Do you currently experience food binges? _____ If so, what are the trigger foods? _____

Have you had a history of eating disorder (anorexia or bulimia)? _____

Have you had a history of drug or alcohol abuse? If so, when and current treatment, if any. _____

Have you ever been hospitalized for psychiatric or addiction reasons? If so, when and what basic issues? _____

Current treatment, if any _____

C. HEALTH AWARENESS INFORMATION

Please check any condition below that applies to you now or in the past. These conditions may warrant special care when fasting or eating lightly.

- | | |
|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hypoglycemia (low blood sugar) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Immune system imbalance (Lupus, Epstein- Barre, HIV) |
| <input type="checkbox"/> Bowel disorder (Chroné's, Colitis, etc.) | <input type="checkbox"/> Liver disease (Hepatitis, etc.) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Possibility of Pregnancy (women) |
| <input type="checkbox"/> Candida Albicans (yeast infection) | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Cardio-vascular disease | <input type="checkbox"/> Urinary tract disorder (kidney, bladder) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Prescription medication (list below) |
| <input type="checkbox"/> Epilepsy or seizure disorder | |

If you checked any condition in Section C, we must receive a signed Physicians Approval Form before the program begins. For each condition above that you checked, please give date diagnosed, current status and treatment. _____

Are you under a physician's care for any reason not noted on this form? If so, please describe. _____

Is there anything else you want us to know?

I understand the nature of this program and have provided the above information truthfully.

Date _____ Signature _____

**PHYSICIAN'S APPROVAL
FOR THE OMEGA PURIFICATION & THE YOGA OF LIFE PROGRAM**

(To be completed by participant's physician)

Mail to Alison Shore Gaines, P.O. Box 2347, Lenox, MA 01240 or fax to 413.442.3604

OR if less than 2 days before Purification Program begins Fax to Omega Production at 845.266.8691

PLEASE PRINT

Patient's name _____

Physician's name _____

Physician's address _____

_____ Phone _____

Condition being treated _____

Medication and dosage prescribed _____

NOTE TO PHYSICIAN: Our Purification Program is not intended those with serious illness. We do not supervise our participants medically. Our staff has extensive training and experience with supervising the detox process for basically healthy individuals and can facilitate the moderate detoxification that happens as a result of a dietary cleanse. If a participant has a condition that is being treated medically, we like the physician to be aware of their intention to do this program. Please feel free to offer recommendations or precautions that might support your patient's process (i.e. reduce medication when eating lightly, refrain from sauna, etc.).

The Raw Juice Purification Program Offers:

- No medical supervision
- Fresh vegetable and fruit juices, vegetable broth and grains
- 1200-1500 calories per day for 6 consecutive days
- Workshops on body awareness, conscious eating, lifestyle, spiritual attunement
- Daily yoga, walking, meditation, breathing techniques
- Access to whirlpool, sauna, massage, shiatsu, reflexology, etc.

_____ I understand the above conditions of the Raw Juice Purification Program.

_____ I approve my patient participating in this program

_____ I **DO NOT** approve of my patient taking this program at this time.

Physician's recommendations/precautions for patient _____

Physician's Signature

Date