



Dear Yoga Therapy Case Study Applicant,

Many thanks for your interest in our program. We will do our best to secure a spot for you in our on-going free Saturday Clinic. Our only request is your commitment to at least four (4) sessions so that our Clinical Therapy candidates may monitor and learn from your progress. Each session will provide you with a comprehensive Yoga Therapy Protocol along with picture tutorial taken during your session so that you might practice at home.

To apply, please fill out the attached Clinical Case Study Application, read and sign The attached Disclosure and Photo Release forms, and return to my attention at:

AUM Home Shala
Attn: Melinda Atkins, Director
3104 Florida Ave.
Coconut Grove, FL 33133

Should you have any questions, feel free to contact us via email (info@aumhomeshala.org) or phone (305-441-9441)

Namaste,

Melinda Atkins
Director



Clinical Case Study Application Confidential Health Background AUM Home Shala Yoga Therapy

Personal Information

Name: _____ Birthday: _____
 Daytime Phone: (____) _____ Evening Phone: (____) _____
 Email Address: _____

Occupation: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Emergency Contact: _____ Phone: (____) _____

The following confidential information will be used to plan safe and effective yoga therapy sessions. Please answer the questions to the best of your knowledge.

Reason for your visit

What is your primary issue? _____
 How often do you experience your symptoms?
 Constantly (76-100% of the time) Frequently (50-75%) Occasionally (26-50%) Intermittently (up to 25%)
 When did you first notice it? _____ Do you know what brought it on? _____
 What activities provide relief? _____
 What makes it worse? _____
 How are your symptoms changing with time? (circle one)
 Getting Worse Staying the same Getting better
 Have you tried any other therapies or treatments? (Y/N)
 If yes, please describe: _____
 Describe your sleep recently:

What do you hope to accomplish? _____

- | | |
|--|---|
| <input type="checkbox"/> Body Awareness | |
| <input type="checkbox"/> Muscle Strengthening | <input type="checkbox"/> Muscle Stretching and Flexibility |
| <input type="checkbox"/> Improve Other Body Systems: | <input type="checkbox"/> Stabilization of Joints |
| <input type="checkbox"/> Diet and Lifestyle | <input type="checkbox"/> Pain Reduction |
| <input type="checkbox"/> Digestion and Elimination | <input type="checkbox"/> Overall Posture Improvement |
| <input type="checkbox"/> Specific Yoga Postures or Practices | <input type="checkbox"/> Improve Breathing |
| <input type="checkbox"/> Improve Energy Level | <input type="checkbox"/> Improve Sleep |
| <input type="checkbox"/> Breath Awareness | <input type="checkbox"/> Overall Stress Reduction |
| <input type="checkbox"/> Less Trouble Handling Emotions | <input type="checkbox"/> Less Reactive/Upsetting |
| <input type="checkbox"/> Less Anxiety or Depression | <input type="checkbox"/> More Satisfying Personal Relationships |
| <input type="checkbox"/> Finding Greater Fulfillment at Work | <input type="checkbox"/> Greater Sense of Self-esteem |
| <input type="checkbox"/> Other goals: _____ | |

How much time per day can you devote to doing yoga or healing work?

Health History

Are you currently under a physician's care for an acute or chronic issue? (Y/N)

If yes, please explain _____
Health Care Provider: _____ Date of last Physical Exam: _____

What do you do for relaxation/exercise? _____

Do you exercise regularly and/or participate in any sport? (Y/N)

If yes, which sport? _____

Have you recently suffered an injury? (Y/N)

If yes, please explain _____

Are you uncomfortable with any of the following areas:

Gluteal Region (Y/N) Pectoral Region (Y/N) Face/Scalp (Y/N) Feet (Y/N)

Please list any medications (vitamins, herbs or pharmaceutical) you are currently taking or at regular intervals?

Please list any injuries/accidents/illnesses or surgeries still affecting you and how you have been caring for them:

Do you experience stress in your work, family or other aspects of your life?

(Circle the one that best describes)



And how you believe it affects your health:

Muscle tension Anxiety Insomnia Irritability Digestive Disturbances

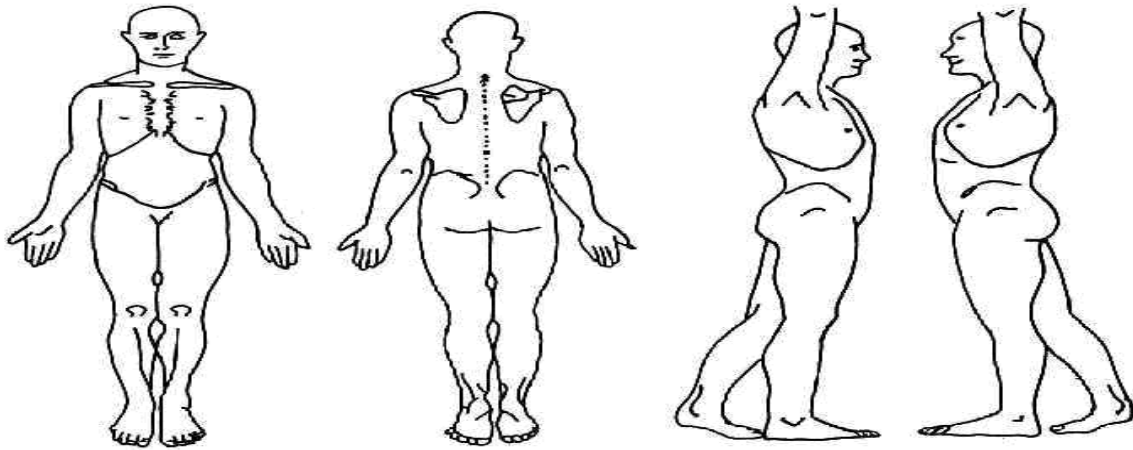
Other: _____

Circle the face or faces that best describes how you are feeling



Using the symbols below, please identify the areas of concern on the chart below:

/// (sharp pain) xxx (burning , radiating pain) ~~~~ (numbness) ooo (dull ache)



Health History

Please indicate any Present (P), Past (X), or Reoccurring (C) conditions:

- ADD/ADHD
- Allergies
- Alzheimer's disease
- Anxiety disorder
- Arthritis
- Athletes foot
- Asthma
- Blood Clot/ Deep Vein Thrombosis/
Phlebitis/ Embolism
- Broken or fractured bones
- Bursitis
- Cancer
- Location: _____
- Treatment: _____
- In Remission? Y/N
- Carpal Tunnel Syndrome
- Cerebral Palsy
- Chronic Fatigue Syndrome
- Contagious condition
- Crohn's disease
- Depression
- Diabetes
- Type I Type II
- Diverticulitis
- Eczema
- Epilepsy
- Epstein Barr
- Fertility Concerns
- Fibromyalgia
- General Fatigue
- Gout
- Headaches
- Type: _____ Frequency: _____
- Hearing Impairment
- Heart Condition
- Herpes/ Shingles
- High/ Low Blood Pressure
- High/ Low Cholesterol
- HIV/AIDS
- Lupus
- Lymph edema
- Metal implants / artificial joints
- Mononucleosis
- Multiple Sclerosis
- what stage? _____
- Muscular Dystrophy
- Numbness/ Tingling
- Osteoporosis/Osteopenia
- Osteoarthritis
- Pain
- Rheumatoid Arthritis
- Location: _____
- Muscular or Joint: _____
- Chronic? Y/N
- Paralysis
- Parkinson's disease
- Pregnancy
- Psoriasis
- Rash
- Sciatica
- Scoliosis
- Seizure
- Sleeping problems
- Spasms/ Cramping
- Strain/ Sprain
- Stroke
- Tendonitis
- Thyroid issues
- TMJ/ Jaw Pain
- Tumor
- Location: _____
- Malignant or Benign? _____
- Varicose Veins
- Vertigo, dizziness or loss of balance
- Other: _____



Release and Consent to Photograph

For use to promote AUM Home Shala Teacher Training and Yoga Therapy Programs

(PLEASE PRINT)

Subject'sName: _____

Address:

Phone Numbers: (H) _____ (Cell) _____

AUM Home Shala established its Yoga Teachers Training Program in 2005. I understand that AUM hOMe routinely promotes the educational and health benefits of participating in the activities of on going Yoga classes and training programs.

I hereby consent to being the subject of photographs taken to promote AUM Home Shala Educational Yoga programs and hereby release AUM hOMe from any and all claims for damages for libel, slander, invasion of privacy or any other claim based upon the use of my image and likeness as stated above.

Date

Signature

Date

Melinda Atkins, M.ED., E-RYT500C
Director



AUM hOMe Shala Professional Disclosure Form and General Release

We are delighted to have you as a Yoga student. The following information will help you get the most out of your Yoga classes and clarify the role of a Yoga teacher. Please read and sign below.

1. I am a Yoga Teacher at AUM hOMe Shala and have completed a thorough professional training in Yoga instruction. I have a Yoga Certification and am registered with the Yoga Alliance. Yoga is much more than physical exercise; it is a transformational practice that integrates body, mind and spirit. Yoga is a way of encountering and releasing physical, mental, and emotional tensions to arrive at deeper levels of relaxation and awareness.
2. All exercise programs involve a risk of injury. By choosing to participate in my Yoga classes, or any other classes at AUM hOMe Shala, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury:
 - Listen to and follow Yoga Teacher’s instructions carefully.
 - Breathe smoothly and continuously as you move and stretch.
 - Do not hold your breath or strain to attain any position.
 - Work gently, respecting your body’s abilities and limits.
 - Don’t perform postures or movements that are painful.
 - Ask if you are unsure how to perform a certain movement.
 - Menstruating women should not practice inverted postures.
 - Pregnant women must consult their health care provider before enrolling in class.
3. It is always advisable to consult your physician before embarking on any exercise program. Please complete the Student Health Questionnaire Form and inform the teacher of any health conditions that could be affected by your practice of Yoga. If you are unsure about a condition, please speak to your teacher.
4. Awareness is fundamental to the practice of Yoga. It is your responsibility as a student to monitor each activity and determine whether it is appropriate for you to participate. Though I am your teacher, you remain primarily responsible for your safety and well-being.

The undersigned assumes all risk of damage or injury that may occur as a student in AUM Home Shala Yoga classes, both while attending classes and following instruction at home. In consideration of being accepted as a Yoga student the undersigned releases and discharges Melinda Atkins, AUM hOMe Shala from any and all claims, demands, actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned’s participation in Yoga classes or practice of Yoga outside of class.

I have read, understand, and agree to the content of the Professional Disclosure Form and General Release.

Student’s Name (please print)

Student Contact #

Student’s Name (please sign)

Emergency Contact Name & Phone #

Date

E-mail address