AUM hOMe Shala
Yoga Therapy
501 (c)(3) Non-Profit

2016-17 AUM Home Shala Yoga Therapy

Dear Yoga Therapy for Parkinson Applicant,

Many thanks for your interest in our program. Our free Yoga Therapy for Parkinson and other Neuro-Degenerative Diseases takes place on bi-weekly Saturdays from 4-5:3-pm. Our intent is to monitor and learn from your progress. Each session will provide you with a comprehensive Yoga Therapy Protocol along with homework so that you might practice at home.

To apply, please fill out the attached Yoga Therapy for Parkinson 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.
Miami, 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

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Clinical Yoga Therapy for Parkinson Application
Confidential Health Background

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 symptoms? _____ Do you know what brings symptoms 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 ay other therapies or treatments? *(Y/N)*
If yes, please describe:

_____

Describe your sleep recently:

_____

What do you hope to accomplish?

_____

___ Body Awareness
___ Muscle Strengthening
___ Improve Other Body Systems:
___ Diet and Lifestyle
___ Digestion and Elimination
___ Specific Yoga Postures or Practices
___ Improve Energy Level
___ Breath Awareness
___ Less Trouble Handling Emotions
___ Less Anxiety or Depression
___ Finding Greater Fulfillment at Work
___ Other

___ Muscle Stretching and Flexibility
___ Stabilization of Joints
___ Pain Reduction
___ Overall Posture Improvement
___ Improve Breathing
___ Improve Sleep
___ Overall Stress Reduction
___ Less Reactive/Upsetting
___ More Satisfying Personal Relationships
___ Greater Sense of Self-esteem

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)

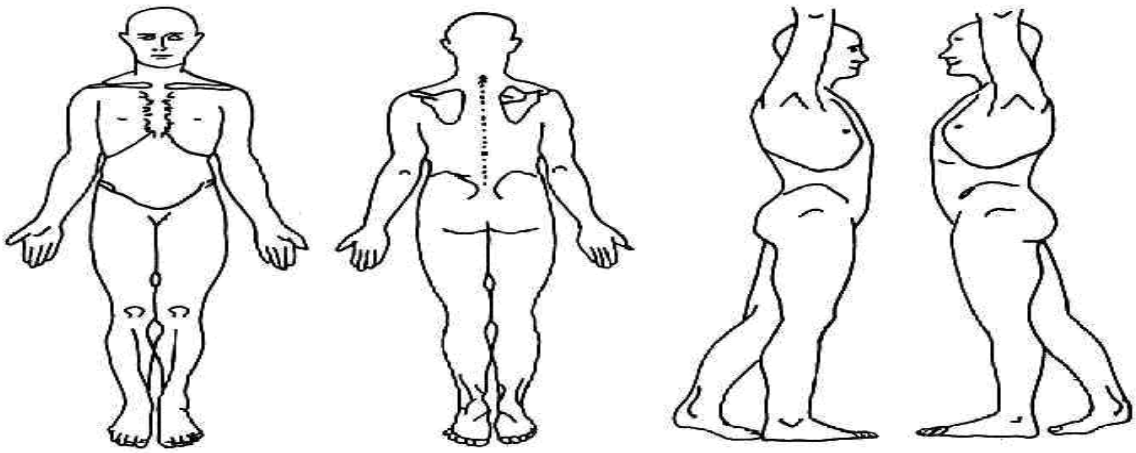
_____

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) 000 (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

____Vertigo, dizziness or loss of balance

____ 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
Type: _____Frequency: ___
____ Hearing Impairment
____Other: _____

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

Release and Consent to Video or Photograph
For use to promote AUM Home Shala Yoga Programs

Subject's Name:_____
(PLEASE PRINT)

Address: _____

_____

Phone Numbers: (H) _____ (Cell)_____

AUM hOMe Shala established its Clinical Yoga Therapy Program in 2011 to promote the use of Yoga Therapy as an integrative, alternative, and complementary form of health care. I understand that AUM hOMe Shala routinely promotes the educational, heath, and spiritual benefits of Yoga Therapy in rehabilitation. I also understand that AUM hOMe Shala creates teacher manuals and videos of technique to share with others.

I hereby consent to being the subject of photographs and videos taken for the above stated purposes and promoting Shala Yoga programs and hereby release AUM hOMe Shala 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.

_____ _____
Signature Date

_____
Print Name