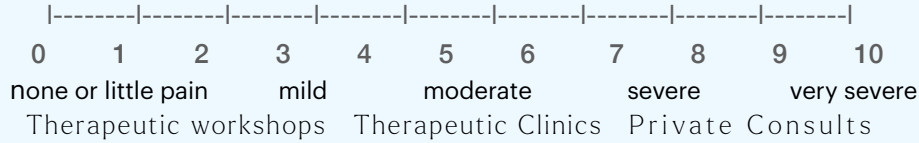


Symptom & Pain Scale



The Therapeutic Iyengar Yoga Program Offers

Therapeutic Workshops ... Spine Clinic ... Systemic Health Clinic ... Older Body Clinic ... Private Consults

Check / Please All that apply and fill in blanks.

TODAY'S DATE _____ NAME _____ BIRTHDAY _____

Communication Preference email text voice mail other _____

Best Phone(s) _____ / Text # _____

Work # If Okay to Call _____ Email Address _____

Mailing Addresses &/or PO Box _____

CURRENT HEALTH STATUS

Your Age ____ Your main complaint(s) is: an Injury, an illness, a mental stress? Approximate onset date _____ Your symptoms came on gradually or suddenly? Medical Diagnosis: _____

List other health conditions, whether or not they are in the same category as your main complaint):

CURRENTLY YOUR SYMPTOMS ARE:

Acute/Severe Moderate to Severe Moderate Moderate to Mild Mild

Using the Pain Scale above, Your Health Status or Pain fluctuate between what numbers _____.

THERAPEUTIC CARE YOU SEEK

Yoga Workshops Clinics Diagnostic Consult Periodic Private Consults

A Private Intensive Program that can improve my health or injury prevent it worsening and may mend it.

For any question you answer or multiple choice option you select, please elaborate what extra comes to mind re: your illness, injury or mental stress. The top of mind thoughts of coping daily with your issue or those that bubble up from deeper awareness when answering questions, are relevant and useful to a teacher understanding your body and what is imperative to it improving, and to yours within the therapeutic yoga process. All symptoms and disorders you've experienced and diagnoses you've gotten provide useful information. If your main complaint is an L4-L5 disc injury, and you have a hip issue, you will inform about both in the Spinal and Orthopedic Sections. The therapeutic methods of Yogacharya B.K.S. Iyengar embrace a person's whole health - body's structure, biochemistry, mental state and functional capacity (to perform usual tasks and special activities). The body is waiting for us to pick up its clues. Note: when you need extra space to answer a question, put the question number next to the bullet point chunk or mini essay section you write on either the back side of the Survey page for the question you are answering or on the blank page you add. Then fire away. For clarity, short blanks intended for a are in front of multiple choice options (as per question #1 below). Become familiar with this clunky survey and your multiple choice options throughout before answering so you can avoid giving the same answers twice. Fill in what applies.

I Diagnosis (Check all that apply and fill in blanks when appropriate to the degree that matters to you)

List your main complaint or complaints here: a. _____ b. _____ c. _____

List secondary complaints including those that seem unimportant relative to your main complaint: a. _____

b. _____ c. _____ d. _____ e. _____

1. Were you initially diagnosed by (check all that apply) an MD (it's okay if you were not diagnosed by a medical doctor) and/or an alternative/complimentary practitioner?

2. Did you have a second medical opinion and other medical opinions? Yes, No

3. Check / those who diagnosed your condition: Your GP a Specialist MD, a medical practitioner, nurse or PA (physician's assistant), an ER Doctor, a Radiologist, Other (please list) _____
 a medical group or team of MDs who treat patients with your type ailment - what kind - _____

4. If you got a 2nd/opinion / other diagnoses from health practitioners did opinions jive or differ?

5. Please list all *medical* diagnoses here for your main complaint and, after each, list the medical practitioner's professional title who gave it (use the back of this page or add a page to add more opinions as needed).

a. _____ b. _____

c. _____ d. _____

6. Please list alternative/complimentary practitioners' diagnosis(es) here (even if the same as your medical diagnosis. For each, list the title of the alternative/complimentary practitioner who gave it.

a. _____

b. _____

c. _____

7. Do you have a congenital/inherited disorder, that was relatively benign / non-bothersome in symptoms during childhood, or symptomatic but misdiagnosed, that gradually or suddenly worsened? (for example idiopathic scoliosis is congenital and often becomes symptomatic with puberty).

8. Were you ill or injured when young grew out of the problem but have lasting effects that you want addressed?

9. What medical advice has been most useful and beneficial?

10. Where other helpful advice have you gotten?

11. (Check all that apply and fill in blanks if appropriate) You are informed about your diagnosis its prognosis? and available usual and alternative treatments? _____

12. Do you agree with your diagnosis? Yes No?

II Research (Please check all that apply and fill in blanks when appropriate)

13. Have you conducted your own research to become better informed about your condition. If so, check what applies and fill in blanks: Google Other online searches Local Library Access to a Medical Research or University Library A close friend or family member who is an MD provided info.

Note: The Library of Congress encompasses: *The National Center for Biotechnology Information, The National Library of Medicine and The National Institute of Health*. It is arguably the preeminent clearing house for all research in the world. It's online library is accessible by the public for free at PubMed.com. With trial and error, one can learn how to frame search engine questions that are specific to *need- to-know* info about a health condition. That search process is informing in and of itself. Corporate funded research is found to be primarily slanted or biased in favor of medical products and services, not patient care up to a patient's satisfaction of improvement. Biased studies' are often *ghost written marketing pieces* that are designed to sway the public by innuendo. That too is informative by contrast to meritorious research.

14. We track patients' improvement a number of ways that we constantly improve and keep patients in the loop of the updates we make to their prescription. Patients in our therapeutic program express they learn from, enjoy and appreciate this interaction. Evlaleah has led research and found that patients like to participate as this means more yoga! If we happen to convene a research project that involves your issue in a timeframe that is convenient for you, might you consider participating Yes, No?

III Fitness Level (Check all that apply and fill in blanks when appropriate)

15. Your fitness level prior to illness or injury or mental stress was: Excellent/ Competitive Athlete Above Average/Exercise 5-6 days a week Exercise/3-5 days Weekly Workout or Play Sports 1-3 times a week?

16. You have not exercised since (date) _____? 17. You cannot exercise due to Complications with Illness and/or Injury and/or Pain?

18. You practice Iyengar Yoga? Another kind of yoga (List)? _____ How long? _____

Please summarize how symptoms and/or pain and/or loss of function (body and everyday life) have changed since onset to present time?

IV Lost Functional Health (Check all that apply and fill in blanks when appropriate)

Which of these personal, lifestyle, work conditions or habits worsened the symptoms of your main and / or secondary complaint(s) or you want to improve. a. poor posture b food. c. sedentary, d. other work or e. lifestyle habits f. sitting too much g. one sided sports)? using the letter (s) of any condition or habit checked above, feel free to elaborate

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

When *functional health* goes missing, so does the *quality of life* we prefer. As you answer the following questions, think about how form, shape and position of tissues, muscles, joints and organs [relative to gravity's pull and relative to one another] also determines space or compression, the restriction or freedom of biochemical fluids and blood flow as well as the regular or the extraordinary movement in space we humans are capable of when all is in its place and in good relationship to the body's parts.

18. Your ailment/injury requires you either stop or shift the way you perform a.) family related obligations b. regular household tasks c. work related tasks/obligations d. recreational activities and/or e. social activities?

19. Please describe the chores, tasks and obligations you can no longer carry out or must do differently. Correlate letters below to list above example (use what space you need) :

a. _____

b. _____

c. _____

d. _____

e. _____

V Symptoms / Main Complaint

20. Regarding your primary complaint - how did symptoms develop/change overtime as of onset

Lessened Worsened Transitioned from acute to a chronic state, and/or includes episodic setbacks with increased pain and functional issues?

VI Spinal Injury / Diagnoses

21. Cervical/Neck or Lumbar Arthritis Cervical or Lumbar Bone Spurs Dizziness Neck-injury related Arm, Hand & Shoulder Radiculopathy Cold arms and hands Radiating Nerve pain Numbness Blue Frozen Hands Upper Back / Upper Thoracic Pain Mid Thoracic/MidBack Low Back/Lumbar Injury Flat Cervical(neck) Curvature Nonspecific Back Pain Lumbar/Low Back Pain &/or Spasm Lumbo Sacral Pain &/or Spasm Mid-Back Pain &/or Spasm Upper Back Pain (just below neck) Pain &/or Spasm Bulging Spinal Disc(s) - Which - Cervical or Lumbar? Occipital Pain(base of back skull) Sleepiness Spinal Disc Herniation - Which - Cervical or Lumbar? Spinal Disc Rupture - Which - Cervical or

Lumbar Spinal Meningitis Lumbar (low Back) Disc injury related foot drop Coccyx Injury/Pain Spinal Cord Compression Sciatic Nerve Compression Spinal Muscular Atrophy Degenerative Disc Disease(DDD) - where - Cervical or Lumbar? Facet Syndrome Hyper-lordosis Anterior Pelvic Tilt Lumbar Kyphosis (flat curve) Neck Pain Vehicular Neck Whiplash injury Piriformis Syndrome Hip Flexor Dysfunction Postural Distortion Psoas Dysfunction Quad Weakness Sacroiliac Joint Pain Sciatica Scoliosis/Functional Scoliosis/Idiopathic Cervical or Lumbar Spondylosis Cervical or Lumbar Ankylosing Spondylitis Cervical Spondylosis Vertigo Cervical or Lumbar Spondylolisthesis Cervical or Lumbar Stenosis Traumatic Brain Injury due to Vehicular Whiplash Spasmodic Torticollis / Distonia - what kind - neck. vocal other Weakness - arms/hands - legs/feet Irritability &/or Frustration &/or Anger &/or Depression due to relentless severe chronic pain Other

As regards the symptoms and diagnoses you checked above please rank them in a descending order here starting with most severe to least bothersome. Thank you.

VII Symptoms / Spinal Disorder (check all that apply)

22. Symptoms Worse/Morning Symptoms Worse at Night Bending Forward Bending Backward Bending Spine/Right Bending Spine/Left Getting Up From Floor Getting Down to Floor Trouble Sleeping Insomnia Sleepiness Looking Up Severe Stiffness Turning/Neck/Head Right Turning/Neck/Head Left Twisting /Right Twisting Left Driving Walking Ab Exercises all Exercise Kneeling Lifting More Than _____ Pounds_____ Hiking Reading Seated Work at a Desk/Cpu Sitting in General Unable To Straighten to an Upright Posture From Sitting or Bending Over Lifting Leg From Supine Position Cross Legs Walking Weight Bearing/Hands Weight Bearing / Arms Lost Range of Motion (ROM) -which joint(s) are most stiff and lacking free motion Neck/Skull Shoulder Hip Knee Back Foot Clunking Vertebra - Neck - Low Back Other _____ Other _____ Other _____ Other _____ Other _____ Other _____

23. Please provide further details of your checked symptoms here that you believe would be useful.

VIII Pain / Other Symptoms Due to Spinal Injury or Disorder

In the short blank below add the number or range from the pain scale at the top of page 1 for any symptom listed

below that applies to your spinal injury. Note which side of the body a symptom occurs and/or which side is worse and if pain is chronic or episodic. Please note the time of day it is recurrent if there is a pattern, and/or if pain is due to a movement or activity. In longer blanks, fill in the location(s) of your pain as well as other symptoms. Note: This is a limited list. Please add to it on the back of this page as needed.

- Soreness _____
- Gripping _____
- Sprain _____
- Stabbing _____
- Tingling _____
- Pulsing _____
- Throbbing _____
- Stinging _____
- Seizing _____
- Sharp _____
- Tearing _____
- Crippling _____
- Constant _____
- Claw Like Pain at Base of Neck _____
- Severe Full Body Spasm With Lumbar Nerve/Cord Compression _____
- Dizziness _____
- Weakness/Trouble Holding Head Up _____
- Arm Weakness _____
- Leg Weakness _____
- Aches & Pains _____
- Spasm _____
- Strain _____
- Shooting _____
- Radiating _____
- Numbness _____
- Spiking _____
- Bracing _____
- Sudden _____
- Dislocating _____
- Twinges _____
- Dull _____
- Associated Anxiety _____
- Nausea _____
- Vertigo _____
- Hand Weakness _____
- Foot Weakness _____

IX Other Pains

25. In your words, elaborate other kinds of pain you have that we did not list, the time of day the pain(s) recurs (if there is a pattern) and what movement or activity or lack thereof makes you worse.

X Treatment History (insert ✓ and fill in blanks when appropriate)

26. Pain Meds Allopathic Treatment Injection Hospitalization Artificial Disc(s) Replacement
- Chiropractic Chinese medicine Acupuncture Massage Bed Rest Physical Therapy Exercise
- Meditation Stretching Reflexology Rolfing Ayurvedic medicine Yoga Physical Therapy
- Psychotherapy Nutrition Hypnotherapy/guided imagery Surgery 2+ Surgeries Spinal Disc

Replacement Surgery Spinal Disc Decompression Spinal Discectomy (also spelled Diskectomy)
 Foraminotomy Surgery Spinal Fusion Surgery / what spinal vertebrae were fused? _____ Kyphoplasty
 Surgery Spinal Nucleoplasty Surgery Spinal Laminectomy Spinal Subluxation Treatment Spinal
 Stabilization Surgery Vertebroplasty Surgery Traction Vacation Rest/Relaxation Sports Training
 Failed Surgery
 Increased Pain Post Surgical Treatment Increased Lost ROM or Dysfunction Post Surgical Treatment
 2+ Spinal Surgeries to Repair Damage from Prior Surgery Other _____
 other _____

XI Other Orthopedic Complaints

*ROM = range of motion

Foot Ankle Knee Hip Groin Leg Sacra-Iliac Low Back Mid Back Upper Back (Below
 Neck) Scapula Elbow Hand Wrist Hand Fingers Thumb Shoulder/Left Shoulder/Right
 Shoulder Dislocation. Slap Tear Clavicle Forearm Neck Occipital Pain Right Side, Left Side TMJ

28. Neck (please also answer in the spinal conditions section)

Arthritis: Neck (See Spinal Issues Above) Ankle Sprain Bursitis Carpal Tunnel Dislocation
 Fracture/Complications Tendonitis
 Radiating Arm Pain due to Neck Injury or Neck Disc Issue or Lost ROM

29. Hips

Acetabular Tear Arthritis Oblique Tear Symphysis Pubis Dysfunction Piriformis Disorder Psoas
 Dysfunction Sacroiliac Joint Dislocation/Pain Sprain Sports/Occult Lost ROM

30. Knees

ACL Injury PCL Injury MCL Injury ITB Injury Arthritis Unstable Kneecap Muscle/Tendon
 Quadricep Strain / Tear Torn Cartilage Torn Meniscus

31. Shoulder

Sprain Strain Tendonitis Bursitis SLap Tear (Superior Labrum, Anterior, Posterior) Bone Spurs
 Glenohumeral Arthritis Post Traumatic Arthritis Wear & Tear or Degenerative Arthritis Shoulder
 Dislocation Shoulder Ligamentous - Instability & Dislocation Frozen Shoulder Oblique Tear Rotator
 Cuff Tendonitis or Bursitis (Impingement Syndrome) Shoulder Separation
 Acetabular Tear /Shoulder Shoulder Blade Injury / Pain
 Acromioclavicular (AC) Joint Injury /Displacement Degenerative Arthritis Bone Spurs Distal Clavicular
 Osteolysis Displacement Mid Back Pain / Spasm Upper Thoracic/ Spasm Scapular Displacement

32. Please list your diagnosis (or the several you may have) here and the level of severity for each.

33. Please provide further details of your symptoms here. Use back of page as needed.

XII Treatment History For Orthopedic Conditions (Check and fill in blanks when appropriate)

34. Pain Meds Allopathic Treatments Injection Hospitalization Surgery 2+ Surgeries Knee Replacement Hip replacement Shoulder Surgery Arthroscopic Surgery - Other Kind of Surgery _____ Arthroscopic SLAP (circle what applies - Superior labrum, Anterior, Posterior) Surgery Shoulder Replacement Rotator Cuff Repair Chiropractic Chinese medicine Acupuncture Massage Bed Rest Meditation Reflexology Rolfing Ayurvedic medicine Psychotherapy Nutrition Yoga - teacher's name _____ Hypnotherapy/guided imagery Vacation Rest/Relaxation Sports Training Other _____

35. Please list all the allopathic and alternative treatments you have had in the order received as best you can remember as of onset of your spinal injury and/or orthopedic condition. For each, please state how treatments made you feel (better, the same or worse) helped, did not help or made you worse.

XIII Systemic Issues (circle all that apply)

36. Please state what your systemic illness or illnesses are here, and please check the same or related complaints or parts of the body and its functions that are affected in the list below.

Allergies Arthritis Asthma Anemia Brain Shortness of Breath Cancer Cholesterol Diabetes Dizzy/Fainting Digestive/Intestinal Ears Quick Exhaustion Upon Exertion Endocrine Epilepsy Eyes Eyesight Hearing Glaucoma Gout Hernia Kidney Heart Pulmonary / Heart Palpitations Heart Attack Blood Pressure - High BP - Low BP Hypoglycemia Hypothyroid Hyperthyroid Other Glandular Osteoporosis Pancreas Polio Reproductive Respiratory Rheumatoid Disease HIV Enlarged Prostate Menses Problem Endometriosis Interstitial Cystitis PMS

1= Pregnancies Polycystic Ovary Syndrome Uterine Fibroids Infertility Miscarriage Amenorrhea Hysterectomy Bone Density Loss Peri-menopause Menopausal Post-Menopausal Fallopian Tube STD Sinus Skin issues Stroke Urinary/ Bladder Vascular Vertigo Please list disorders not included in the above list.

37. Going back in time - from onset to present time, please list your symptoms in the order and timeframe they started, ending with what are your primary symptoms now.

38. Please list each of your worst symptoms currently and after each symptom, please state when they occur (if you notice a pattern) and what if anything you have pinpointed makes each symptom or a cluster of symptoms worse, or triggers a health consequence, if anything?

39. Please describe as best you can your sense of what action or activity you took, if anything, that caused your symptoms to improve or recede on occasion. Have you attempted to recreate those factors on regular basis?

40. What other illnesses or secondary physical problems has your illness made you susceptible to?

41. Please express all you want to derive from the Yoga. Aim high!

42 What good and useful and/or bad and frustrating advice (medical or otherwise) have you gotten?

43. What preferred activity, job task, hobby can you no longer do as a result of your illness that previously was no issue? _____

44. What else about your illness, symptoms, diagnosis or treatment is important to let us know about?

45. Our work with patients involves providing a curated therapeutic pose prescription that they practice in either private consults or group clinics [depending on their severity] as well at home between sessions. Prescriptive poses are updated regularly to correlate to a patient's changes.

Yes No Ask Questions here or bullet point topics you want to discuss with informed office staff:

Please check all that apply and fill in blanks when appropriate)

Tell us how you heard about our therapeutic yoga program word of mouth browsed therapeutic yoga
 browsed Iyengar Yoga searched for Evlaleah met someone with my issue as me who was helped by Evlaleah
 social media please list _____

Who may we thank? _____ Other _____

If someone referred please let us know! We will thank them! _____

Please share your General Practitioner's, your Medical Specialist's or other specialist's contact Info if you want us to report your progress in the therapeutic yoga program.

Name _____ Location _____ Phone no. _____

Name _____ Location _____ Phone no. _____