

Y4A STUDENT INFORMATION

Name _____

Date / / _____

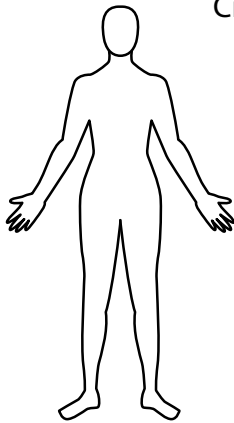
Age _____

Gender _____

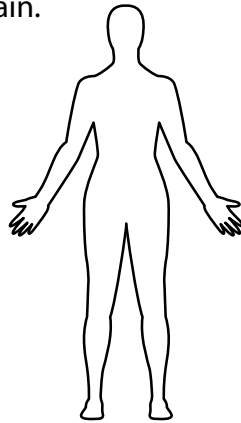
Referred by _____

Diagnosis Osteoarthritis Rheumatoid arthritis Other Surgery Previous yoga experienceSymptoms _____
_____What are you hoping to get out of this class?

Circle areas of pain.



Front



Back

Notes & Recommendations

 I give permission to all current and future teachers of this class to view the information on this card for purposes of better serving me.

Signature _____

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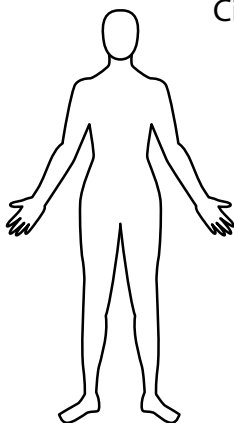
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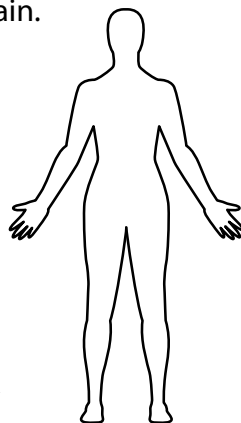
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