

Self-Annotation by (last name): _____ DOB: _____ SSN: _____

BODY ASSESSURE of YOGA (BAY)[®] THERAPEUTICS

Patient full name: _____

Yoga Class Title: _____		Pulse: _____ during yoga
	Progress Notes	
	<i>Before yoga</i>	<i>During yoga</i>
Shoulder - Left		
Shoulder - Right		
Neck - Left side		
Neck - Right side		
Back - Upper		
Back - Lower		
Leg/Knee - Left		
Leg/Knee - Right		
Foot - Left		
Foot - Right		
Other:		

Date: _____, 2023

Session No: _____

Time: _____

Therapy location: _____

Would you like to partake in genetic testing related to muscular, skeletal, or metabolic disorders: _____ no _____ yes

Note: This is a standardized form used to track your progression during yoga sessions. Mail this completed form to your PCP or Records Department.