

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.