



Yoga for Children with Special Needs

DATE
Name of Guardian/Parent
SIGNATURE of Guardian/Parent
1. Child's Full Name
2. Child's Nickname, if preferred
3. Mother's Name
4. Father's Name
5. Address
6. Siblings' Names and Ages
7. With whom does the child reside?
8. Child's Pediatrician, address, and phone number



9. Other Therapists and Physicians your child is currently seeing? Please include me, Address/phone.
10. Do you give permission for Bridge to Learning to call your child's pediatrician, therapist, or physician?
11. Child's Name
Date of birth
13. Current Age
14. Weight (at birth) / Length
15. Comments on labor and delivery
16. What was the diagnosis of your child at birth?
17. What was the doctor's prognosis for your child?



18. What is the diagnosis of your child at present?

What are the physical symptoms of the disability?

20. Does your child have convulsions?

21. Does your child have a cardiac problem? (Please describe)

22. Does your child have a problem with his or her spinal column? Please describe?

23. Has your child undergone surgery? (Please describe, with dates)



<p>24. What medication does your child receive? Why is he/she on this medication? How long has your child been on this medication? Who is supervising the medication? Please include dosage amount.</p>
<p>25. Can you think of any other reason, such as a recent physical illness or chronic condition, that might make the practice of certain yoga postures inadvisable?</p>
<p>26. Briefly describe your child's dietary regimen:</p>
<p>27. What other treatments or therapies has your child undergone? (Please specify when and for how long)</p>
<p>28. Is your child's motor development delayed? Please describe.</p>



29. How would you describe your child's concentration, attention span, and general awareness?

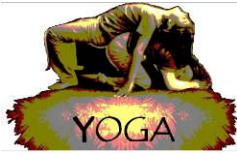
30. Would you characterize your child as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted, or extroverted?

31. How would you describe your child's relationship?

a. With other family members? Be specific.

b. With friends?

32. Please describe the attitude of each family member toward your child. Do you feel that this person is totally accepting and supportive of your child's special needs?



Bridge to Learning Family Yoga

Ashburn, VA.

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**33. Do you have any evaluations by teachers, doctors, or therapists, including
ers and reports? Please attach copies when possible.**

34. Have any family members practiced yoga?

**35. How did you hear about yoga therapy, and what goals do you hope your child
l achieve by participating in this program?**