



## Yoga for the Special Child™

**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**



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**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?**



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**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)**



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**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.**

**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?**

**26. Briefly describe your child's dietary regimen:**

**27. What other treatments or therapies has your child undergone? (Please specify when and for how long)**

**28. Is your child's motor development delayed? Please describe.**



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**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 have any family members who are totally accepting and supportive of your child's special needs?**



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

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**34. Have any family members practiced yoga?**

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

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