

# Therapeutic Yoga for Low Back Pain

## Five Rivers Yoga Therapy

Name:	Age:	
Phone:	Email:	Prefer: phone    email

1. On a scale from **1 – 10, with 1 = no pain and 10 = extreme pain**, how do you rate your low back pain **today**?

1            2            3            4            5            6            7            8            9            10

2. Have you been **diagnosed** with any of the following common low back conditions (please check all that apply):

- herniated disc
- low back strain
- lumbar disc compression
- pelvic misalignment
- sacroiliac ("S.I.") joint pain
- sciatica
- scoliosis
- spinal stenosis
- spondylolisthesis (slipped vertebrae)
- other: \_\_\_\_\_

2b. Please explain:

2c. Have you been under the care of a licensed health professional for any of these conditions in the past year?

3. Please list all **other health conditions**, including any injuries, limitations or chronic conditions that may be helpful to your instructor to know about so we may take precautions and ensure your wellbeing:

4. What is your **primary goal** in attending Therapeutic Yoga for Low Back Pain?

5. What is your **experience with yoga**, if any (e.g., type of yoga, frequency, how recent)?

6. Tell us briefly how you **spend your day** (i.e., activities, type of work, commuting, desk time, exercise):

7. Is there **anything else** we should know?

Thank you!