



# YOGA *for* LIFE

1. Student's Name: \_\_\_\_\_
2. Yoga Experience: \_\_\_\_\_
3. Cancer Type and Stage: \_\_\_\_\_
4. Date of Start or Completion of Treatments: \_\_\_\_\_
5. Treatment Protocol: \_\_\_\_\_

Please indicate if any of the following surgeries apply to you:

- Single/Double mastectomy or lumpectomy \_\_\_\_\_
- Sentinel node biopsy or axillary node surgery \_\_\_\_\_
- Breast Reconstruction (type of reconstruction and any long-term side effects)
  - Implants \_\_\_\_\_
  - Tram Flap or Free Diep Flap \_\_\_\_\_
  - Latissimus Dorsi Flap \_\_\_\_\_
  - Other Host Site \_\_\_\_\_
- Other Healing Surgical Sites \_\_\_\_\_
  - Post-Surgical Drains \_\_\_\_\_
  - Chemo Ports \_\_\_\_\_

#### CHEMOTHERAPY & RADIATION:

- Treatment time frame (current or historical) \_\_\_\_\_
- Treatment side effects \_\_\_\_\_

Do any of these conditions exist?

- Neuropathy \_\_\_\_\_
- Lymphedema \_\_\_\_\_
- Dizziness \_\_\_\_\_
- Other \_\_\_\_\_

Other non-cancer related conditions? \_\_\_\_\_

Is there Doctor's permission to exercise? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_