Appendix 2: Initial Back Care Form

Name:_____Date: _____

Do you currently have back pain: Y/N

Did you have an accident which caused your back pain? Y/N

Have you:

- received care or medical advice within the past two weeks? Y/N
- developed any recent bowel or urinary incontinence issues? Y/N
- unintentionally lost any weight recently? Y/N

Do you have:

- any pain or symptoms that go down either or both legs? Y/N
- a history of cancer? Y/N
- high blood pressure? Y/N
  - If Yes: Is it under the control of medication? _____

Is your pain constant? Y/N

Activities which make your back pain worse:

_____
_____
_____
_____

How long does it hurt for when it is aggravated:

1-15min 30- 60min 1-5hrs 5-10hrs 12-24hrs >24hrs

Activities that make it better:

_____
_____
_____
_____

How long does it take for it to start feeling better:

1-15min 30- 60min 1-5hrs 5-10hrs 12-24hrs >24hrs

Consent for Yoga:

I understand that the purpose of Back Care Yoga Class is for strengthening, relaxing and meditation and that it is not meant to diagnose or treat any illness, disease or any other physical or mental disorder, injury or condition. I have informed my Yoga Teacher about my state of health and any recommendations and restrictions on the part of my medical doctor or therapist insofar as yoga is concerned.

_____

Signature Date