



**Yoga and Mindful Living for Epilepsy
Intake Form**

(all information will be kept confidential)

Contact Information

Full name:

Date of birth:

E-mail address:

Emergency Contact:

Relationship of Emergency Contact

Emergency Contact Telephone Number

Occupation

My Job is:

Very Stressful Somewhat Stressful Not stressful at all

I am not employed currently

This information ensures that I am able to apply safe & intelligent postural adjustments for your body. Adjustments are then able to support your current levels of health, while promoting increased health and wellbeing during our time together.

Type of Seizures you get:

(drop-seizures, complex partial, tonic clonic etc)

Frequency of Seizures:

Seizure free Daily seizures Weekly seizures Monthly Seizures

Other: _____

Have you practiced yoga before? No Yes

If yes, how often? Daily Weekly Occasionally Rarely

Have you had any past surgeries, injuries and/or medical condition that may impact you during a Yoga Class? No Yes

If yes, please explain

What effect are you hoping yoga and mindful living will have on your current state of health and wellbeing? (ex. reduce stress, build a home practice, improve sleep, reduce seizures etc,)

THANK YOU!

Or save this file to your computer and email it as an attachment to:
rsmith@epilepsytoronto.org