

Yoga Care for you

Medical History

1. Your yoga experience:
2. Type of cancer: Stage of cancer:
3. Date of start of treatment: Treatment completion Date:
4. Treatment protocol (for breast cancer)
 - a. Surgery choices
 - i. Single or double mastectomy and / or lumpectomy
 - ii. Sentinel node biopsy or auxiliary node surgery
 - iii. Breast reconstruction (Type of reconstruction and long-term side effects)
5. Chemotherapy or radiation or both:
 - a. Treatment time frame
 - b. Treatment side effects
6. Breast reconstruction choices:
 - a. Implant
 - b. Tram flap or free Diep Flap
 - c. Latissimus Dorsi Flap
 - d. Other host site
7. Other healing surgical sites:
 - a. Post-surgical drain
 - b. Chemo ports
8. Do any of these conditions exist?
 - a. Neuropathy
 - b. Lymphedema
 - c. Dizziness
9. Other non-cancer related conditions:
10. Cancer Survivor or recently diagnosed cancer?
11. Is there doctor's (Oncologist's) permission to exercise?