

Case Study Form
by Anamargret Sanchez

Name: _____

Date: _____ Age: _____

Relationship Status: _____

Occupation: _____

Children- ages & gender:

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What medications and/or supplements are you currently taking?

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What's your typical day like? Wake/sleep patterns, times you eat, diet, digestion, elimination, work schedule.

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What's your overall emotional state?

How do you typically handle emotional and stressful situations?

Why are you here?

What are your hopes and goals for your yoga sessions?

What aspects of your life give you the most joy and pleasure?

How do you express yourself creatively?

Please describe briefly your spiritual practices/ beliefs if any:

Teacher's observations:

Mannerisms, speech, facial expressions:

Key words: