ASSESSMENT FORM

DATE: 10/08/2021

Patient:
Description: 81y old female, diagnosed 4 years ago w/ Myasthenia Gravis
Medical History: Hypertension, Hypoactive Thyroid, MG, MG Crisis April 2019 (after Prednisone was dropped from 10mg to 5mg), post hip replacement and osteoarthritis; uses walker and "Rollator" for mobility;
Medications: Cellcept, 12.5 mg Prednisone, Mestinon and "Ultomiris" (unapproved infusion as part of a clinical trial) - also on medications for hypertension, thyroid and anxiety
Symptoms: Ptosis, difficulty breathing, systemic muscular weakness, unusual facial expressions, fatigue and depression
Current Treatment and Plan of Care: On various medications (listed above), clinical trials (unsure if on placebo or the trial drug), breathing exercises daily, and intermittent yoga and home exercise

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Choose one symptom (physical, mental or emotional) and write in the block below. Consider this symptom over the past two weeks and whether there has been improvement, and and please score it by circling its corresponding number (0 - no change, 6 - significant change).

Describe symptom 1: Shortness of Breath and Dyspnea	**Scale (Improvement from before Yoga Therapy)**
Have you seen a reduction in dyspnea since the beginning of our program? *(Please describe)* Yes, when there is consistency w/ the breath work, I have fewer episodes.	0 1 2 3 **4** 5 6
Has there been a reduction in symptoms associated w/ this since the beginning our program? (Please describe) Yes, I feel that that episodes tend to be less dramatic w/ consistent breath work.	0 1 2 3 **4** 5 6

Describe symptom 1: Shortness of Breath and Dyspnea	**Scale (Improvement from before Yoga Therapy)**						
Has this symptom interfered with your ability to do simple household chores? (Please describe) With a reduction in episodes and intensity of the dyspnea, I am more able to manage my household and take care of day to day activities.	0	1	2	3	**4**	5	6
Has this symptom interfered with your social life? (Please describe) Same as above - with improvements in my breath and ability to breathe, my overall quality of life is significantly better. However, I don't get out much these days due to COVID.	0	1	**2**	3	4	5	6
Has there been a change in you emotionally over the course of our program? *(Please describe)* See above	0	1	2	3	**4**	5	6