

SANGA

The art and science of transformation.

PHYSIOLOGICAL ASSESSMENT

Date _____

Name _____ DOB _____ Phone _____

Address _____

Email _____

I understand and agree that this program is not intended to diagnose, treat, cure, prevent or otherwise reduce the effects of any disease or ailment. I will consult a licensed and qualified health care provider for diagnosis, medical care, and treatment. The information is not, and nothing contained here is not claimed to be written, edited, or endorsed by a licensed health care provider. This information should not substitute seeking qualified medical care or substitute any treatment prescribed by a licensed medical professional for a specific health condition. I will adhere to recommended treatments for my condition and not to change the dosage or stop taking my prescribed medication(s) without consulting with my therapist and/or physician who is managing the medication(s). Failure to do so may produce undesired side effects that may interfere with my therapy and my health. The emWave® Pro, emWave2®, Inner Balance™ and the HeartMath® techniques are designed as tools for achieving individual balance, optimal performance, enhanced self-regulation and growth. Although both instruments and these exercises are believed to be safe and have potential benefits, no specific medical benefits or cures are promised or implied. These programs and exercises are not to be used as or used in lieu of any course of established medical or psychological treatment. None of the feedback or summary data provided in the software is to be interpreted as medically or psychologically diagnostic, but rather as adjunctive to established medical diagnoses. Heart rate variability patterns differ widely from one person to another. There are no right or wrong patterns. The coherence scores in the programs and games are especially useful for comparing one's own progress in increasing the ability to maintain a physiologically coherent state with practice; they should not be compared between individuals. Children who are unable to sit still may be unable to use the emWave Pro or emWave2 successfully, though they may well benefit from learning the emotional refocusing and restructuring tools and techniques.

Signature _____ Date _____

Have you had any caffeine _____ in the last 2 hours? Any alcohol _____ drugs _____ in the last 12 hours? How did you sleep last night? _____ Mood _____

5 Minute Coherence Lifestyle Score: % Low _____ Med _____ High _____ Pulse _____

5 Minute Coherence Capacity Score: % Low _____ Med _____ High _____ Pulse _____



Weight



Basal Metabolic Rate



Body Mass Index



Protein Rate



Body Fat Percent



Metabolic Age



Muscle Mass Percent



Visceral Fat Index



Total Body Water



Subcutaneous Fat



Bone Mass



Blood Pressure

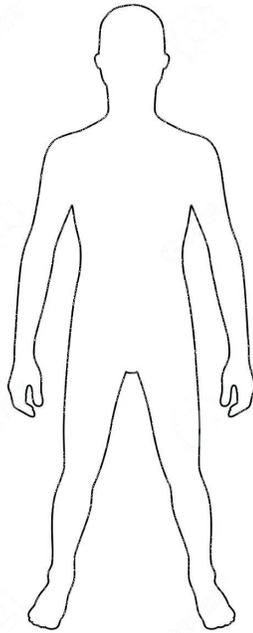
BODY AWARENESS ASSESSMENT

Describe your relationship to your body

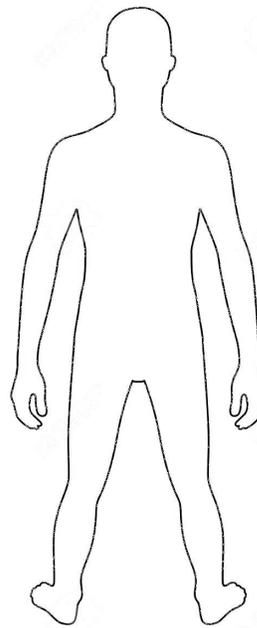
What triggers body awareness? When?

Where in the body do you experience pain, awareness, or pleasure?
Using a movement sequence to connect with your body, explain what sensations arise.

FRONT



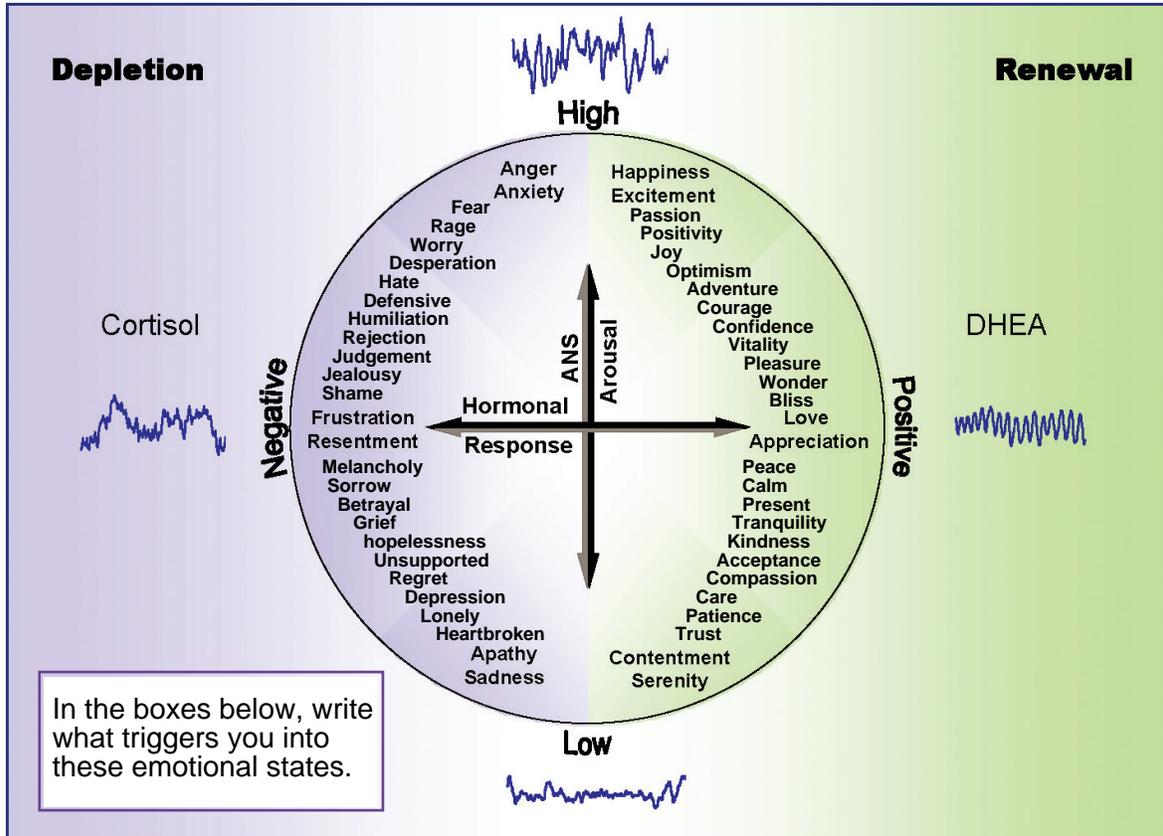
BACK



NOTES

HEART COHERENCE AND EMOTIONAL ASSESSMENT

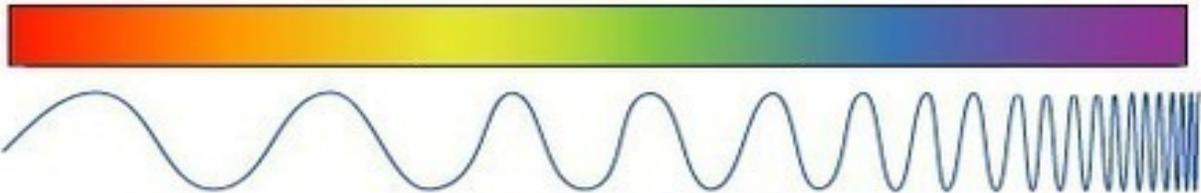
Circle any of the following emotions you experience regularly.



Describe your relationship to your emotions when you experience them

NOTES





The Visible Light Spectrum

Color	Wavelength nm	Frequency THz
Red	625 - 740	400 - 484
Orange	590 - 625	484 - 508
Yellow	565 - 590	508 - 526
Green	520 - 565	526 - 606
Blue	500 - 520	606 - 670
Indigo	435 - 500	670 - 700
Violet	380 - 435	700 - 789

MINDSET AND BELIEF ASSESSMENT

When was the last time you felt a sense of deep alignment with your purpose in life?
What was your life like then in these areas?

HEART

MIND



BODY

SPIRIT

What happened that made this feeling begin to fade away? Life events? Transitions?

What counterproductive things, people, events or patterns do you perceive are blocking you from achieving those things or making those changes? Where do you feel the most resistance in your life? (negative self talk, procrastination, frustrated with other people or situations, feeling depressed, aimless distraction or activity, not able to achieve what you want, just for example.

How do those counter-productive patterns affect you in your daily life? In what ways do they cost you money, affect your relationships, affect your business, or your state of being?

PROGRAM INTENTIONS

What would your life look like if you could rediscover or deepen your sense of purpose?
How would your relationships be different? Your business? Your self?

Thinking about all of the above, what do you feel would make the biggest impact if it could be changed over the next few months? You can write 3-7 of the most important things you want to explore right now. Rank each one on a scale of 0 to 10 of importance.

Top 3 things you want to transform about yourself, life, health, relationships, or work over the next 3-6 months?

Client Program Intention

Signature _____ Date _____