

Eating Disorder Workshop with Barbara Ruzansky

Please type your answers to the following questions on separate pages or, if using MS Word, simply type each answer after each question (handwritten applications will not be accepted), **sign and date the bottom.** Include a current photo of yourself and mail to: **Barbara Ruzansky, c/o West Hartford Yoga, 32 Jansen Court, West Hartford, Ct. 06110.**

Please answer these questions as honestly and thoroughly as you can. Your answers are confidential and will be read only by Barbara and her two assistants.

1. Name, Address, City, State, Zip
 2. Telephone numbers (Home, Work , Fax, Cell) and e-mail address
 3. Occupation, Gender, Date of Birth
 4. Activities & Interests
 5. Emergency contact information: (Name, Relationship, Phone Number)
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1. How did you hear about the Eating Disorder Workshop?

___ WHY Website ___ Kripalu Website ___ Yoga Journal

___ WHY Brochure ___ Kripalu Brochure ___ WHY studios

_____ Other

2. Please list any previous experience with yoga and meditation (length of time, specific teachers, styles of yoga).
3. What are your expectations for this workshop? What do you hope to gain, learn or work on?
4. Tell us about your physical health (major illnesses, surgeries, any injuries or physical conditions that we should know about?) Might your condition result in early withdrawal from the program?
5. Are you currently taking any medications? If yes, please list. For how long?
6. A) Tell us about your history with eating disorders, including traditional therapies, medications, holistic and alternative therapies, hospitalizations, treatment programs, etc.
B) Describe your current condition relative to your eating disorder. Are you actively anorexic, bulimic, a compulsive eater, an emotional eater, an overeater? Are you currently in therapy? Are you able to work and take care of yourself? Add anything else about your current condition that you feel is pertinent.
C) What involvement do your parents and family have regarding your eating disorder?

7. Tell us about any other emotional and mental health issues you have had (depression, addictive behaviors, etc.) and any treatments you have sought for these conditions.
8. Have you ever been physically, sexually, or emotionally abused or assaulted? If so, please describe.
9.
 - A) Tell us about your diet and nutrition.
 - B) Describe your daily diet in detail. Include what foods you eat, what you do not eat, how often you eat, how much you eat.
 - C) List everything you ate yesterday.
 - D) List any food allergies or food sensitivities you have.
 - E) What are your food preferences? (ie: vegetarian, vegan, high-protein diet, carnivore, non-dairy, etc.)
10.
 - A) Tell us about your health and exercise practices.
 - B) Describe your beliefs concerning these practices.
11. List any other interesting things you think we should know about yourself.
12. Are you willing to eat in a healthy, nutritionally-sound way during the workshop? What eating disorder behaviors and patterns are you willing to give up during the workshop? How can the staff support you in doing this? Are you willing to share your difficulties, struggles and feelings while we are together?
13. Are you willing to heal? Tell us your hopes and fears about moving towards a healthier life. Please ponder this and answer truthfully and profoundly.
14. We are here to support you. Are there any specific ways you feel we can do so?

Signed

Date

Please send a photograph and a \$125 non-refundable deposit with your application. Deposit will be returned if we determine that the workshop is not appropriate for you. After we receive your application and deposit you will receive a packet including information on housing, things you will need to bring, and other pertinent details.