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Intake Form

Name:
email:
Phone:
Age:

What are your current reasons for seeing a yoga therapist? Do you have a goal for our time together?

List your current & previous health conditions? Please include medical diagnoses, surgeries, accidents, injuries, etc., and approximate dates.

How long has your current health issue been going on?

Who else are you currently seeing for your health concerns or general health promotion? How often do you see them?

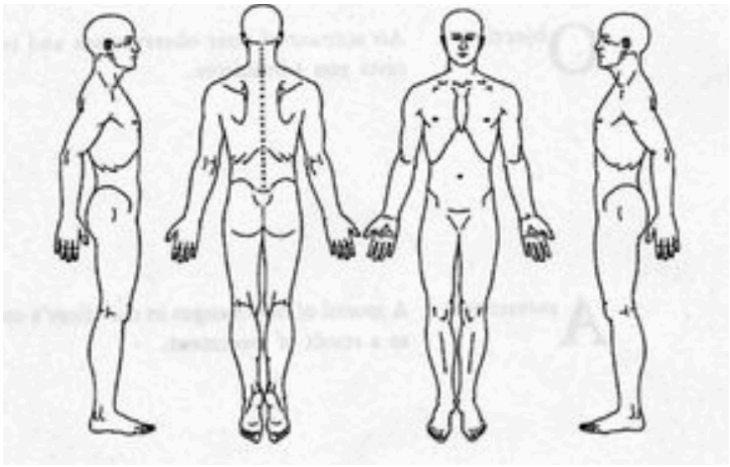
Please list your current medications, including supplements.

Have you experienced any major injuries to your head or neck? ____ yes _____ no
If yes on any, please elaborate and note any relevant ongoing symptoms, if any:

Please state the areas of discomfort in your body. Try to describe where they are located and type/degree of discomfort.

What are your favorite physical movements? Least favorite? Do you have a regular exercise program? Please describe?

Where do you hold tension and pain in your body?



Briefly describe your typical diet. How is your digestion? Do you have daily bowel movements? Would you describe them as normal, loose or constipated?

Briefly state your daily routine. In percentages how much of your day is spent with the following:

- **Sitting**
- **Driving**
- **Standing**
- **Desk work**
- **Lifting**
- **Lying**

What relieves your pain? What increases your pain? Think about ranges of motion, movements etc.

Indicate the pain descriptions that apply most to you.

Describe your sleep habits.

Please describe your overall energy level. Does it fluctuate or stay consistent? When are you most energized, least energized?

What is your perceived stress level low, moderate, high?

Do you experience anxiety, sadness or depression? Are there places in your body where these feelings tend to dwell when they come up?

What life challenges are you currently facing?

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

If you could change one thing, what would it be?

How much time (each day/week/month) can you devote to your own personal yoga practice?

Overwhelming Life Events

List your overwhelming, painful life events and losses in the timeline below and what helped you cope (use shorthand statements as we can discuss details in person and how they affect you today):

Ages Overwhelming Event Resources

Pre-natal or birth

0-5 years

6-10 years

11-15 years

16-24 years

25-35 years

36-64 years

65 and above