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Liability W.

Intake Form

First Name E. Last name C.

Phone [illegible] -mail [illegible]

Address [illegible]

Occupation N/A Date of birth [illegible] (25)

Date 04/05/24 Completed by: [illegible] (MOM)

What are your reasons for coming to yoga?
FLEXIBILITY & BALANCE; FRIENDS; GOOD EXERCISE

Have you had any experience with yoga or meditation? If so, please describe it.
YES - ADAPTED YOGA THRU REC CTR/COUNTY PROG.
6 YRS (?)

What kinds of challenges are you dealing with right now?
OBESITY - LOSING SUBSTANTIAL AMT. OF WEIGHT USING MEDICATION
ALL ELSE IS GOOD

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HEALTH HISTORY

Have you ever been diagnosed with any of the following conditions?

- ☐ Osteoarthritis/rheumatoid arthritis
- ☐ Osteoporosis
- ☐ Spinal fracture
- ☐ Herniated/ruptured disc
- ☐ Spinal fusion or discectomy
- ☐ Scoliosis
- ☐ Bone fractures (last two years)
- ☐ Low bone density
- ☐ Heart conditions
- ☐ High or low blood pressure
- ☐ Circulation problems
- ☐ Breathing problems (asthma, COPD)
- ☐ Digestive issues
- ☐ Reproductive system issues
- ☐ Cancer
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Headaches
- ☐ Immune conditions
- ☐ Fibromyalgia
- ☐ Chronic fatigue syndrome
- ☐ Mental health challenges

Please provide more details about any checked areas above

Have you had any treatments or surgeries in the past five years? DATE

NO

List your current medications

SEE ATTACHMENT (WILL SEND IT TO YOU AS EMAIL)

What is your typical energy level?

☐ Low ☐ Medium ☑ High ☐ Variable ☐ Other

What is your sleep quality?

☑ Restful ☐ Restless ☐ Frequently interrupted ☐ Not enough ☐ Too much

☐ Trouble getting to bed ☐ Trouble falling asleep ☐ Trouble staying asleep

☐ Other

What is your stress level?

☑ Low ☐ Medium ☐ High ☐ Variable ☐ Other

What is the source of your stress? LIFE; MY PARENTS (KIDS)

What do you do to counteract stress?

EATING & EXERCISE & SCREEN TIME (MUSIC OR MOVIES)

Are you currently experiencing any issues with any of the following systems?

☐ Digestive ☐ Respiratory ☐ Endocrine ☐ Nervous ☐ Circulatory ☐ Reproductive

☐ Endocrine (hormones) ☐ Lymphatic (immunity) ☐ Integumentary (skin) ☐ Urinary

If so, what kinds of issues?

Are you currently receiving any treatment?

WEIGHT LOSS MEDICATION

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ANNAMAYA (THE PHYSICAL BODY)

Do you have pain or mobility limitations in any of the following areas?

☐ Neck ☐ Upper back ☐ Hips ☐ Elbows ☐ Hands ☐ Wrists

☐ Shoulders ☐ Lower back ☐ Sacrum ☐ Knees ☐ Feet ☐ Ankles

If so, please describe them.

Are you currently receiving any treatment?

FOR WEIGHT LOSS / MEDICATION

What is your daily activity level?

☐ Sedentary ☐ Move some ☒ Move a lot ☐ Other (please explain)

What kind of exercise do you engage in?

☐ None ☒ Walking ☐ Running ☐ Biking ☒ Weightlifting ☒ Aerobics ☒ Yoga

☒ Other (please explain) DANCE (1x/WK) SWIMMING (2x/WK); BASEBALL (1x/WK) FITNESS CLASS (1x/WK); PERSONAL TRAINER (2x/WK)

How often do you exercise?

6x/WK

☐ Sporadically ☐ Once a week ☐ 2–3 times a week ☒ 5/6 days a week ☐ Every day

How many meals do you eat per day?

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ More than 5

Please describe your current diet

☒ High in fruit and vegetables ☒ High in animal protein ☐ High in carbohydrates

☐ High in processed foods ☐ Paleo ☐ Vegetarian ☐ Vegan ☐ Other

Do you have any trouble concentrating?

☐ Never ☑ Rarely ☐ Sometimes ☐ Often ☐ All the time

Do you have trouble remembering things?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

Do you experience any recurring memories that are bothersome?

☐ Yes ☑ No ☐ Don't want to talk about it

How often do you feel anxious?

☑ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

How often do you feel depressed?

☑ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

Does your current mental state impact the quality of your life?

☑ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

If so, in what way?

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VIJNANAMAYA (PERSONALITY AND EMOTIONS)

Which emotion have you felt most often in the past two weeks?

☑ Happiness/Joy ☐ Gratitude ☐ Excitement ☐ Serenity ☐ Hope ☐ Inspiration ☑ Love

☐ Anger ☐ Irritation ☐ Sadness ☐ Frustration ☐ Guilt ☐ Fear ☐ Disappointment

☐ Other (please specify)

Do you like feeling this way?

☑ Yes ☐ No ☐ Sometimes

Do you currently feel (check all that apply):

☐ Stable ☐ Vital ☐ Empowered ☑ Connected ☐ Expressive ☐ Insightful ☐ Inspired

How satisfied are you with the quality of your life right now?

☑ Completely ☐ Moderately ☐ Somewhat ☐ Not really ☐ Not at all

What would you like to change, if anything?

ANNAMAYA (JOY AND CONNECTION)

During the past two weeks, was someone available to help you if you needed help?

☑ Yes, as much as I wanted ☐ Yes, quite a bit ☐ Yes, some
☐ Yes, a little ☐ No, not at all

How would you describe your spiritual/religious life?

What do you enjoy in your life? Do you have hobbies?

EXERCISE; MOST PROGRAM; FRIENDS;
WT. RUN; SWIMMING; DANCE