Yoga Therapy Health History and Intake Form

Our work will be to identify and support your goals of enhancing your health and well-being through an array of Yoga-based practices. The practices may range from gentle postures, stretching, breathing, meditation, guided relaxation, affirmations, to healthy lifestyle choices. Depending on your interests we may also use guided imagery, journaling, movement or other techniques to support your self-discovery, transformation and healing process.

In all cases, the work is client-centered and you are a full participant in the journey. By providing the information on this Intake form you will help me to tailor services to meet your needs. If there are any other medical or life circumstances not included on this form that would impact our work together, please let me know so that we may adapt practices specifically for your situation.

The information you provide will help us to work more effectively with you. All information will be strictly confidential and nothing will be shared with a third party unless mutually agreed upon.

Contact Information

Today's Date *

MM DD YYYY

10 / 21 / 2025

Name: *

[redacted]

Email: *

[redacted]

Phone number: *

[redacted]

Date of Birth: *

MM DD YYYY

06 / 15 / 2025

Emergency Contact Information:

Name: *

[redacted]

Phone number: *

[redacted]

Email

[redacted]

Relationship to you: *

[redacted]

Instructions for your first Yoga Therapy consultation:
Thank you for giving thoughtful consideration as you complete this New Client Questionnaire. You will have ample opportunity to address any concerns that require more detail during your appointment with your Yoga Therapist Intern.

Client confidentiality will be observed under all circumstances.

If you do have any questions please contact your Yoga Therapist Intern:
Raji Sundararajan
sattvayoganovi@gmail.com
(214) 755 1578

Goal(s) and Yoga experience

Describe your primary reason(s) for seeking yoga therapy. *

Health

What are your goal(s) for our time together? *

Do yoga

Are you familiar with yoga?

- (●) Yes
- ( ) No
- ( ) Other:

If you answered yes to the above question, please describe your experience with yoga.

What is your experience with the following yoga practices?

	limited	moderate	experienced
Physical postures	○	○	◉
Relaxation	○	○	◉
Breathing techniques	○	○	◉
Visualization/Imageries	○	○	◉
Meditation/Centering	○	○	◉
Wisdom studies	○	○	◉

How interested are you in Yoga practices to support the following goals

	Not Interested	Moderately	Very Interested
Physical health and wellbeing	○	○	◉
Mental health and resilience	○	◉	○
Stress reduction	◉	○	○
Enhanced quality of life	○	◉	○
Improved focus	○	○	◉
Spiritual growth	○	○	◉

Physical health

How would you describe your general health?

- ○ Great!
- ◉ Good
- ○ Okay
- ○ Fair
- ○ Poor

Do you have any specific diagnosed condition(s) from a health care practitioner? If yes, please describe your diagnosed condition(s).

Nope

Are you currently under the care of a doctor or other healthcare provider for the above diagnosed condition?

- ○ Yes
- ◉ No
- ○ Other:

How long have you had the above diagnosed condition(s)?

Do you have any limitations due to the diagnosed condition(s)? Please describe.

Do you have any contraindications due to the diagnosed condition(s). Please describe.

What life challenges are you currently facing?

Job loss maybe

Please list the prescription or non-prescription drugs you are taking and describe what they are for.

Are you able to easily get up and down from the floor

- (●) Yes
- ( ) No
- ( ) Other:

Do you have physical pain? If yes, please list the places you experience pain and feel free to elaborate on them.

Hip pain or stifffness

Do you have a regular exercise program? Please describe:

No

How would you describe your diet and digestion?

Poor digestion. Simple homemade vegetarian diet

Energy and Breath

How would you describe your overall energy level? Does it fluctuate or stay consistent?

Medium, low in late evenings

What time of day do you have the most energy?

- [x] Morning
- [ ] Midday
- [ ] Evening
- [ ] Night
- [ ] Other:

What time of day do you have the least energy?

- [ ] Morning
- [ ] Midday
- [x] Evening
- [ ] Night
- [ ] Other:

Describe your rest/sleep patterns?

10am - 5am +|- 2 I get good sleep anytime

How would you describe the quality of your sleep?

- ○ Great
- ◉ Good
- ○ Okay
- ○ Fair
- ○ Poor
- ○ Other:

If you experience fatigue, please describe its impact, frequency, and what you do to manage it.

Eat sweets

How would you describe your breathing?

Normal

Do you have any breathing challenges? If yes, please feel free to describe your breathing challenges.

No

Mental health

Please list any current mental health diagnoses and treatment.

None

Please explain any relevant mental health history you think I should know.

N/a

If you did not include prescription or non-prescription drugs you are taking for mental health, please list and describe what they are for.

No prescription

How would you rate your stress level?

- ○ Low
- ◉ Moderate
- ○ High
- ○ Very High

Please describe the current sources of stress in your life

- ☐ Health-related
- ☑ Work/study-related
- ☐ Relationship stress
- ☐ Financial stress
- ☑ Concerns about the future
- ☑ Other: Like world peace and tyranny, sloppy, unethica, behavior

Where do you typically hold tension or discomfort in your body?

I am aware of holding tension in my shoulders

Please describe your practices and coping mechanisms for handling stress.

Walks in nature, meditation, journaling, napping, coffee, sugar

How often do you experience

	seldom	occasionally	frequently
Anxiety	◉	○	○
Sadness or depression	○	◉	○
Anger or frustration	○	○	◉
Other distressing feelings	○	◉	○

On a scale of 1 to 4 how often do you use the following

	never	Infrequently	moderate	frequent use
Cigarettes/tobacco products	◉	○	○	○
Alcohol/Recreational drugs	○	◉	○	○
Coffee/Tea/Energy Drinks	○	○	○	◉
Over-the-counter medication	◉	○	○	○

Wisdom and Intellect

What are the major sources of intellectual stimulation and engagement in your life now?

Reading, listening to intellectual and spiritual lectures,

What are you in the process of learning and/or teaching others?

How to be more aware and present to both our inner and outer worlds.

What would you like to learn and/or teach.

How to focus,,analyze and figure things out so they can be easily done and mastered.

Connection and Meaning/Purpose

Are you active in a faith community or maintain any regular spiritual practices? If yes, please feel free to share your spiritual practicees.

Meditation, prayers

What connection is important for your life and health (nature, family, pets, volunteering, etc.)?

Pets, nature. Family too helps in health since parents are doctors but they are also source of stress

Do you feel connected in meaningful way? Please describe.

Sometimes

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

Figuring out new things and helping others see something new or deeper

What, if anything, should I know about your belief system or worldview?

I'm not dogmatic and open to ideas of all faiths. I don't like controlling authoritarian systems and manipulate or obsequious people.

What is your social support system?

My cats

Is there anything else you would like to share to best support you?

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

15 mins/ day average

When are you available for yoga therapy sessions (days and times)?

Any day before 10am and after 5pm