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Liability W-✓

Intake Form

First Name [redacted] Last name [redacted]

Phone [redacted] E-mail [redacted]

Address

Occupation Date of birth (24)

Date 04/05/24 Completed by: [redacted]

What are your reasons for coming to yoga?

Relaxation

Have you had any experience with yoga or meditation? If so, please describe it.

many years of adapted yoga

What kinds of challenges are you dealing with right now?

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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

Seizures managed with medication. Now they are rare. If he has a seizure, no need to call 911 unless he stops breathing

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

wisdom teeth extracted

DATE

Fall 2022

List your current medications

lacosimide
zonisimide
divalproex
levothyroxine

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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

n/a

If so, please describe them.

Are you currently receiving any treatment?

just regular neuro appointments for autism

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)

How often do you exercise?

☐ Sporadically ☐ Once a week ☑ 2–3 times a week ☐ 5 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

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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?

Communication trouble

What do you do to counteract stress?

watch shows, talk to family

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?

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Do you have any trouble concentrating?

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

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 not exactly but does fixate on negative TV shows

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?

more activities and outings

ANANDAMAYA (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?

TV and movies, outings, bowling