Lil Harris Yoga Therapy
New Client Intake Form

Thank you for taking time to share a little of who you are with me. What you include in this form allows me to better prepare for our meeting and tailor services to meet your needs. What you choose to disclose is up to you. If any question feels overwhelming, skip it and add it to our conversation when we meet. I suggest allowing 15-30 minutes to complete.

Our work will be to identify and support your goals of enhancing your health and well-being through 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 visualization, journaling, movement or other techniques to support your self-discovery, transformation and healing.

Our work is client-centered, meaning you are a full participant in the journey. 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.

All information will be strictly confidential. Nothing will be shared with a third party without your consent and mutual agreement.

Name: Virginia Nicholas

Address: 6765 Gardenbrook Way, Mechanicsville VA 23111

Email: theleafytwig@aol.com

Phone: 540-220-3112 **Permission to leave a message:** yes

DOB: 5-27-53 **Height:** 5'5 **Weight:** 140

Profession: retired **Preferred Pronouns:**

Emergency Contact, Relationship & #: Donald Nicholas 703-927-1228

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

less pain, more strength & mobility, possibly build bone density, reduce risk of fracture, be able to play pickleball again w/out fear of injury

What is your previous experience, if any, with yoga?

used to take classes w/full body ... now chair only
I do yoga positions @ home intermittenly usually only 15-20 min-
I have difficulty with transitioning some standing + balance due to poor healing of foot surgery (L)

What are your current and previous health conditions? (Please include medical diagnoses, surgeries, injuries, etc. and approximate dates.) Feel free to elaborate.

YEAR	EVENT	TREATMENT	OUTCOME
1993	emergency C-Section	pre-eclampsia surgery	
~ 1995-6	fall on concrete tore (R) rotator	steroid inj 2x	majority of mobility restored w/little pain
~ 2004	2nd fall "	PT → Surgery 6/2005 rotator cuff (R)	pain gone, some mobility restricted - external rotation
~ 2006-8	diag - osteopenia & hi-blood sugar & choles.	Calcium + Vit D supmt. watch diet - carbs! -	- getting worse reduced both sugar + cholest.
~ 2015 Autumn	pain bldg in (L) shldr torn rotator	PT - rotator (L) surgery 7/2016	maj. pain gone - ext. rotation restricted, int. rot. hurts intermittent
between 2007-2018	Diverticulitis 7x →	Antibiotics → then partial colectomy '18	good
2022	reg. exp pain on (R) foot bunion	surgery 'lapiplasty'	stiff Lg + 2nd toes some numbness, ongoing pain * ⇒ bk
2024	ruptured Rectus Femoris (L) after 1st Pickleball game	Rest + PT NO Pickleball for while	Still twinges @ times mostly on inclines + stairs → bk
	L 2nd doc said hip tendonitis	gentle stretches @ home	
~ 1980-2	fell on ice-landed on low bk.	PT - Chiropractor tx	on-going low bk issues
2018-present (since partial colectomy)	Autoimmune - eczema + rosacea	OTC + Rx cream reduce spicy foods stay hydrated	

Who else are you currently seeing for your concerns or general health?

Bone Density test 7/11/24 L femoral Neck has "low bone mass" T-score -1.7 (Osteopenia)

Ap spine (L1-L4) -.5 (down from -.9 2yr ago)
Total Hip (L) -.6 (up from -.4 2yr ago)

Waiting to hear from Primary Dr.

Have you ever used tobacco or marijuana products? (Yes) No

When? How long? Are you currently using them?

quit 1986 after ~ 15 yr

Bunion - muscles, tendons & ligaments realigned _ walking barefoot or flip flops
screw + 2 staples (1 broke in bone) makes worse

hipflexor - played 1 game, rested & upon standing for 2nd, heard & felt pop/snap; now afraid to play again but want to

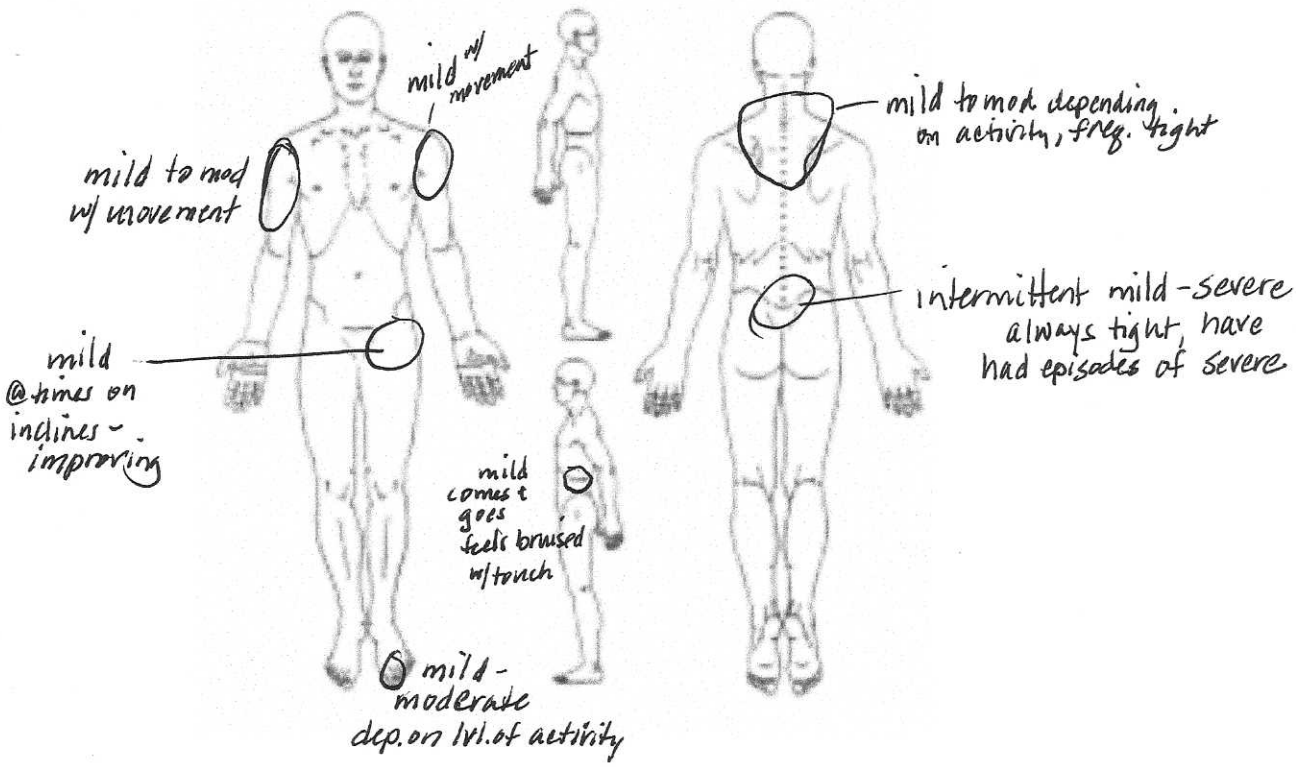
What is your history with alcohol consumption? (How often? How much?)

avg 1-2/wk. Sometimes go 2-3 wks w/none.

Do you inhale smoke in any form (including incense)? **Yes** **No**

exception 1-2x/yr campfire

What are the areas of discomfort in your body? (Mark where they are located, and degree of discomfort: mild, moderate, severe). Feel free to elaborate.



Where do you hold tension in your body?

neck + shoulders; hamstrings always tight

What relieves your pain? What increases it? (Consider the movements, activities and ranges of motion that affect you.)

relief - gentle movement & some stretching, Trigger Pt Therapy (Thera-cane) massage, wearing supportive shoes, child's Pose, lay on flat bk, chair Yoga staying well hydrated, taking collagen,

increases - slouching, sitting long periods, gardening long stretches esp. getting up & down

What are your current and previous mental health conditions? none

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS

Please list any prescription and/or non-prescription drugs and supplements you are taking, as well as what they are for:

Citrical - Calcium, D + Mg — bones/osteopenia
Probiotic — digest/gut health
Magnesium — bones, freq constipation & blood sugar & muscle cramps*
Fish Oil — > alternate days: for Fish cholesterol & inflammation & skin
Vit E — immunity, skin & eyes
Zinc — "
Collagen (Marine) — protein, skin, bones/joints, inflammation & muscles

* was getting severe charlie horses @ nt - rec. by doctor

How would you describe your diet? What about it works well for you? What do you feel needs to change? good

I avoid pre-packed/preservatives, greasy; eat reduced meat except fish & reduced carbs; 20-30g protein/meal; have drastically reduced chips & other snacks; eat 2-5 vegies + fruit/d (could use more); only drink sodas 2-3x/yr. I eat a lot of nuts/seeds; prob too much cheese; eat yogurt or drink Kefir; Need to eat on a more regular sched. & drink water more freq in smaller amts.

Describe your overall energy. Does it fluctuate or stay consistent? When are you most energized? When are you depleted?

I feel sluggish most of time - often times want to go back to sleep or take a nap. (compared to just 2yr ago)
more energized when with friends or fun activity
difficulty getting motivated

How would you describe your current level of stress: low, moderate, high? What increases your stress? What reduces it?

low ; lately the news/frustration; thinking about 'projects' I want to get done, not getting help @ home.
reduce w/ deep breathing, visualization, taking a walk or bike ride, getting out in nature

How would you describe your breathing? Do you have any breathing challenges?

shallow but get lightheaded when doing much deep breathing

What life challenges are you currently facing?

What in your life brings you joy?

my son, friends, animals - to include wildlife/watching birds, squirrels, etc
art, gardens, decorating, music & dance

If you could change one thing in/about your life, what would it be?

motivating myself & follow through

In %, how much of your day is spent doing the following activities:

Sitting	40-50 %	**Standing**	10-20 %	**Driving**	10 %
Lifting	5 %	**Desk Work**	20-30 %	**Lying Down**	2 %

Average hours of sleep/night: 8-9 **Usual bedtime:** 11:00pm

Wake up time: 7:30-8:15 **Do you usually wake refreshed?** NO

How easily do you fall asleep? only easy if a lot of activity or ser. nt. of restlessness

How easily do you wake up? somewhat

What challenges do you have with your sleep quality or routine?

Sometimes fall asleep quickly but wake w/in an hour and may stay awake til 2 or 4 am; other times I read til I'm too tired to continue, turn off the light and then can't fall asleep; Occasionally my cat sits on me or my pain or itching wakes me.

Do you have a regular exercise routine? Feel free to elaborate.

Not regular except chair yoga class. About 1x/wk, I turn music on & dance w/exagerated motions-swing, squat, grapevine etc. ~ 1 h I stretch w/some yoga poses 3-4x/wk but only 15-20 min; When cool enough, I walk 3/4-1 mi Sev. x/wk.

Describe your social support system (family, friends, etc.) What social activities do you enjoy?

no family in area - talk with a couple 2-3x/wk We have close friends (1 couple) in neighborhood we have dinner with regularly & play board games on occasion~~ally~~

What connections are important for your life and health? (examples: nature, pets, volunteering, etc.)

nature, pets, wildlife, Master Gardener Volunteer active games i.e. pickleball, hiking, biking & passive games: board, cards; gardening - making things healthy & attractive; cooking a good meal preparing

Are you active in a faith community or maintain any regular spiritual practices? How would you like to incorporate your faith into the work we do together?

Very little - occasionally read daily inspirations (spiritually related)

What gives you your greatest sense of purpose and meaning in your life?

helping others

I've asked you a lot of questions. What else do you want me to know about you?
Use this space to share with me anything else you feel is important:

I enjoy travel, historic places/architecture
I was a special Educ. teacher & elem + preschool; also had a very small Landscape Design business but found I couldn't do installations. Difficulty getting up&down prevents me from teaching preschool now.
My diet includes more salt than most. BP is not a problem so far.
Both parents had back issues. dad used to go into traction when I was young then both saw Chiropractors as funds allowed.
I am concerned about falling now & would like to feel stronger so I'd be less afraid.

Instructions for our first session and next steps:

Thank you for giving thoughtful consideration as you complete this New Client Intake Form. You will have ample opportunity to address any concerns that require more detail during your appointment.

- *Bring this completed intake with you, or email to:* **lil.harris.yoga@gmail.com**.
- *Wear comfortable clothing and bring your yoga mat and water.*