Integral Yoga® Therapy

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 visualization, 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.

Name _____Date _____

Address ___ _____

Phone number _____ Email _ _____

Profession ASL Interpreter

Pronoun(s) she/her Weight 125 Height 5'4"

Date of Birth _ _____ Age 29

Emergency Contact _ _____

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 practitioner.

Please bring the completed New Client Questionnaire to your first visit

Please also bring a Yoga mat and wear comfortable clothing

Client confidentiality will be observed under all circumstances.

If you do have any questions please contact your practitioner:

_____

Please mark the answer most related to your response.

Are you familiar with Yoga? **Yes** *No*

If so, what is your experience?

I have been to a few classes as well as practiced some yoga on my own.

Do you currently exercise? **Regularly** *Occasionally* *Infrequently*

Please feel free to describe what kind and how often.

It does vary from week to week- but I aim for 2-3x/week. I strength train and lift weights

How would you describe your general health? *Great!* **Good** *Okay* *Fair* *Poor*

Do you have injuries or limitations?

Not necessarily.

Please briefly explain any specific condition you seek to improve through Integral Yoga Therapy.

I hope to improve my breathing because I notice at times I don't take full breaths or focus any attention on my breathing. Also, I have pain throughout my neck, shoulder, and mid-back due to lack of stretching.

Are you currently under the care of a doctor or other healthcare provider? **Yes** *No*

If so, please identify the provider(s):

I reguarly see a psychiatrist, and my PCP.

Do they know you are seeking support through Integral Yoga Therapy?

No

Do you have a diagnosis from a health care practitioner about this condition? *Yes* **No**

How long have you had this condition?

How would you rate your stress level (circle one)? *Low* *Moderate* **High** *Very high*

Please feel free to describe the current sources of stress in your life.

Commuting to work, trying to find a better work/life balance.
Attempting to manage my pain.

Please describe your practices, means, and coping mechanisms for handling stress (including allopathic and integrative approaches).

I try to listen to helpful podcasts on my drives to work, reach out to family/friends when I need support. Also, exercise has been a great coping tool for me.

Are you able to easily get up and down from the floor? **Yes** / No

Do you feel your diet needs improvement? Yes / **No**

Do you currently use tobacco products? **Yes** / No

Have you ever used tobacco products? **Yes** / No

Do you inhale smoke in any form (tobacco, incense, marijuana)? **Yes** / No

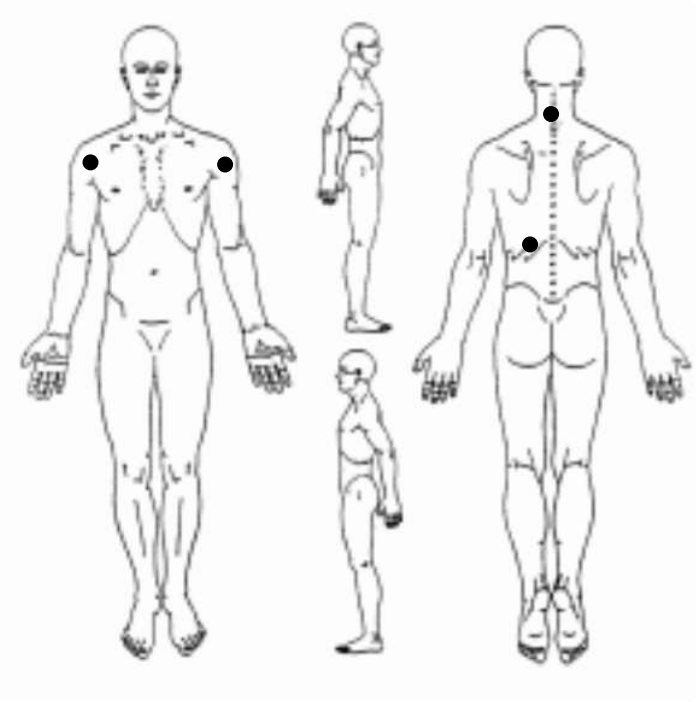
What is your daily alcohol intake?

No alcohol consumption

How would you describe your social support system?

Exceptional / Strong / Okay / Marginal / Poor

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



Please list any relevant medical history (major injuries, hospitalizations, or surgeries)

YEAR	EVENT	TREATMENT	OUTCOME

Please circle any of the following conditions or issues that you have experienced:

back pain (low, middle or upper back)

disc problems

other spinal/skeletal problems

muscular injuries

leg pain or cramps

circulatory problems

heart conditions

edema (swollen hands or feet)

varicose veins

arthritis (where?)

_____

high blood pressure

stroke history

low blood pressure, dizziness or fainting

fatigue

headaches

allergies

asthma

other respiratory problems

physical abuse

sexual abuse

psychological abuse

stress

anxiety

depression

insomnia

nausea & indigestion

elimination problems

cancer

diabetes

are you currently pregnant?
due date

_____

Other Conditions:

Iron deficiency anemia, Raynaud's phenomenon and a heart murmur.

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

Adderall- ADHD
Lamotrigine- Bipolar Disorder
Trazadone- Insomnia

Energy and Breath

What time of day do you have the most energy? Morning Mid-day **Evening** Night

Please share anything you'd like to tell me about your energy level

I usually wake up extremely tired, no matter the amount of sleep I get.
I struggle throughout the day, but I've seen a slight improvement since being back to work in person. I experience a spike in energy levels after my daughter goes to sleep for the night,

When do you usually sleep (time asleep and time awake)?

10pm(ish)-6:30am(ish)
Sometimes earlier/later for work- depends on traffic.

How would you describe the quality of your sleep? Great **Good** Okay Fair Poor

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

The impact is pretty signifigant considering my career and the mental sharpness required to provide ASL interpretation. I experience fatigue daily- some days are worse than others. I manage by drinking a copious amount of caffeine.

Do you have any breathing challenges not mentioned above?

Mentioned above.

How would you describe your breathing?

I don't take full enough breaths and will notice myself breathing with my chest as opposed to deep belly breathing- which I'm told is more benefical.. especially during times of stress.

Mental Health

Please list any current mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, OTC, Behavioral, etc.)	CURRENT STATUS
ADHD	2021	RX	Managing
Bipolar	2021	RX	Managing

Please list any previous mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	MEDICATIONS	HOSPITALIZATONS	THERAPY

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

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

Wisdom and Intellect

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

My work is very mentally stimulating as well as challenging, which I enjoy. I also crochet and enjoy reading.

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

I am currently not in any schooling. I recently completed my project manager certification. Also, I am currently mentoring an interpreting student

What would you like to learn and/or teach?

I enjoy learning new skills and continuing to improve my vocabulary. I would love to learn a new language but I find it a bit challenging.

Connection and Meaning/Purpose

Do you have a religious/spiritual orientation?

Not necessarily.

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

My family/friends and pets are a large part of my connection.
I also really enjoy helping others and I hope to make at least one person smile everyday by doing something.

Do you feel connected in meaningful ways?

For the most part, yes.

Therapist note: son's name redacted

Do you feel that you know why you are here? (Alive on Earth)

I'm not exactly sure. I think I'm here to raise
as the best person he can. I'm trying to break generational trauma
and leave the world knowing is able to make the world a better place.

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

I am a strong believer that everything happens for a reason
even if we don't understand the reasoning at that moment.
I believe there is a power greater than us and we have to trust in the universe and believe it will take care of us if we take care of others and put good into the world.

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

Can't think of anything else at the moment. Looking forward to working with you!!