S[redacted]
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Intake Form

Liability Waiver: ✓

First Name S[redacted] Last name [redacted]

Phone [redacted] E-mail [redacted]

Address [redacted]

Occupation student Date of birth [redacted] (18)

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

What are your reasons for coming to yoga?

physical wellness, calming/mindfulness

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

yes- here at adaptive yoga classes through Partakes

What kinds of challenges are you dealing with right now?

Regulating emotions, controlling impulses

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

anxiety, adhd-severe, autism

Have you had any treatments or surgeries in the past five years?	DATE
Speech therapy, ongoing treatment for nephrogenic diabetes insipidus (kidney condition) autism, anxiety, adhd	ongoing

List your current medications

hydrochlorothiazide, potassium supplement, guanfacine, respirodone, and lorazopam (as needed)

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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?

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) swimming, sports skills class

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

Very low sodium

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PRANAMAYA (ENERGY AND PHYSIOLOGY)

What is your typical energy level?

☐ Low ☐ Medium ☐ High ☐ Variable ☒ Other up & down

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? change in routine

What do you do to counteract stress?

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? Nephrogenic Diabetes Insipidus (a rare, genetic kidney disorder)

Are you currently receiving any treatment? medication, low sodium diet, unlimited access to water & bathroom

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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?

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?