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, af irmations, 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: Sheri Wolfe

Address: 2015 Cambridge Drive Henrico, VA 23238

Email: sheri.mtnhiker@gmail.com

Phone: 804-627-2243 **Permission to leave a message:** Yes

DOB: 7/8/82 **Height:** 5'6 **Weight:** 130

Profession: Financial Services **Preferred Pronouns:** She/Her

Emergency Contact, Relationship & #: Corrina Wolfe, mother, 717-861-5439

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

Find a way to reduce pain, increase flexibility, mobility and strength, and maintain an overall healthy mind and body

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

I've been practicing yoga for about 15 years

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
2023	Tennis Elbow	Ibuprofen - no improvement, issue persists today
2008	Wisdom teeth extraction	Preventative removal, subsequently developed TMJ
2005	Appendectomy	Did not have appendicitis, unnecessary surgery
1998 to today Quantico	Recurring right hip/lower back pain, began with running hurdles in 8th grade track lead: left trail: right	1998 - naproxen and rest Waterski injury - rest Running injuries - physical therapy No longer running, physical therapy exercises continue in order to keep pain at bay, literally every exercise exacerbates it, except hiking
	pinched nerve	

Who else are you currently seeing for your concerns or general health? ADHD counselor, Dr. Shweta Mahji, PCP for ADHD meds, Dr. Eric Carlsen - chiropractor (hip rotation)

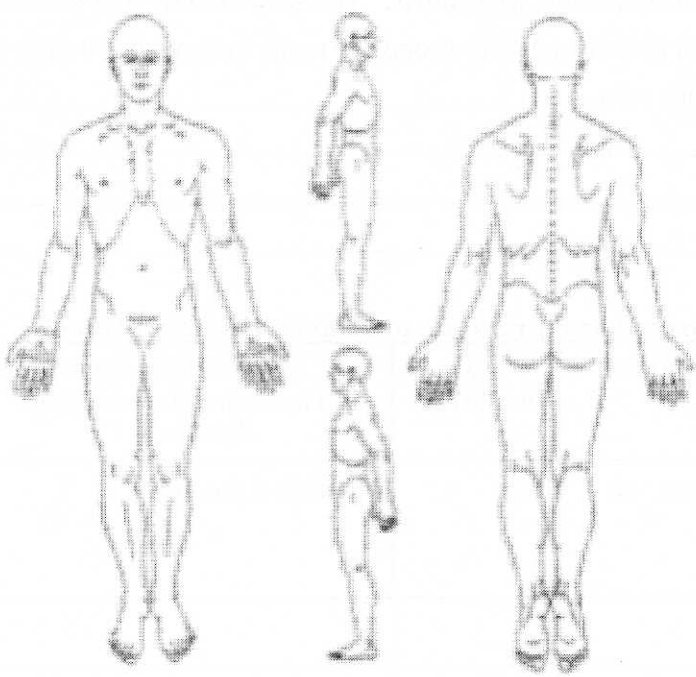
Have you ever used tobacco or marijuana products? No

When? How long? Are you currently using them?
N/A

What is your history with alcohol consumption? (How often? How much?) _Drink socially, 1-2 servings on average, 3-4 times a month

Do you inhale smoke in any form (including incense)? Do campfires count? This would not be on purpose, I usually try to move when the smoke comes in my direction

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.



_It's easier to mark where I DON'T have pain/discomfort = shoulders, my left arm and both feet. There is pain, tightness or discomfort pretty much everywhere else. My entire right arm is tight and in moderate pain. My calves, quads, hamstrings and back of knees are tight and in mild pain, my lower back and hips oscilate between mild and moderate pain, and my mid and upper back are always in mild pain. My neck usually has mild pain but is currently stuck in a multi-week stint in moderate pain. I have also been having daily headaches for the last few weeks, maybe 3-4 weeks.

* where is the headache pain?
sinus front pain

Where do you hold tension in your body?

_Neck, back, hips and jaw

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

Sometimes I feel better after activity, sometimes I don't, even if it is the same activity. It is not consistent with what helps and what hurts. The only activity that consistently does not cause pain is hiking. I will find stretches that one day really help me feel better, then the next day will offer no help or cause pain.

What are your current and previous mental health conditions?

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS
ADHD (inattentive type) with anxiety	2022	Prescription, therapy	Life long condition

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

_Vyvanse ⇒ ~~get~~ ADHD CNS stimulant → reduce appetite

_Alavert ___ Seasonal allergies

_Magnesium ___ Energy, digestion, sleep

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

Primarily a Mediterranean diet, I eat bigger meals in the morning and lighter throughout the day. Sometimes I don't enjoy the flavor, so I might not be getting as much nutrition out of it as it offers. Even though I eat more than I have before, I always feel tired and hungry. On the weekends when I am not cooking and eating out instead, I feel more full. I mainly drink 1 cup of coffee in the morning, maybe a second cup in the middle of the day if I'm dragging. The rest of the day I primarily drink water. I also have a glass of chocolate milk before bed.

Daily calorie intake? Protein g? Carbs g? Electrolytes?

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

I have limited energy on a daily basis. I have the most energy 1-2 hours after a cup of coffee. I generally crash around 2-3pm every day. My energy levels are lower on days I have to go into the office and highest on non-work days.

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

I am in a chronic state of stress. Having too many tasks or responsibilities increases stress.

Generalized anxiety "overthinking"

Working out, accomplishing tasks on the task list, being outside or with friends helps reduce stress. Although planning these things adds to stress. My roommate adds to stress simply because he is always there and is looking to me to be his source of social interaction. Downtime/quiet me-time is essential for reducing stress.

Have your roommate talked?

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

I only experience breathing issues with allergies, illness or cold weather.

What life challenges are you currently facing?

Uncertainty with staying relevant in the workforce through retirement, if I can afford to retire.

What in your life brings you joy?

My friends, being physically and socially active

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

Live completely alone, no roommate, no bunny. I want my home to be my safe space to escape from the outside world, but also want to be free to go anywhere at any time and not worry about my bunny being taken care of.

* age range *

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In %, how much of your day is spent doing the following activities: Sitting 20 **% Standing** 15 **% Driving** 2 **% Lifting** 0 **%**

Desk Work 30 **% Lying Down** 33 **%**

Average hours of sleep/night: 7 **Usual bedtime:** 10pm **Wake up time:** 5am **Do you usually wake refreshed?** No **How easily do you fall asleep?** Mostly quickly, especially after drinking milk & alarm + **How easily do you wake up?** Not easily until I take a shower or drink coffee

What challenges do you have with your sleep quality or routine? I usually have to watch tv to go to sleep. Otherwise, I might need a guided meditation to help if I am not very tired or have too much on my mind. These two things offer my mind the opportunity to focus on something else, rather than running through whatever is on my mind, and by doing so, gives it a chance to relax and go to sleep.

Wall - vinyasa / yin

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

Yes, mostly. Monday & Thursday is Power; Tues, Thurs, Fri and Sun are options to take Blast depending on other appointments or social activities. Wednesday is usually rest or yoga, and Saturday is fight if I do not have outdoor/social plans.

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

My parents live in Pennsylvania and I am not close to extended family members as I grew up moving around with the military. The parental relationships are strained, so I do not rely on them for support too often. I consider my friends my family, but my closest friends do not live in Richmond. Social interaction primarily comes from people in my gym classes and on the weekends, where I typically travel to see my friends. I enjoy all kinds of activities from hiking, camping, renaissance festivals, breweries, kayaking or just simply hanging out and chatting.

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

Nature and friends are the only two connections that I need to be happy.

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? _I am Christian but am not active in the community and do not have anything to incorporate in our work.

What gives you your greatest sense of purpose and meaning in your life? _I feel fulfilled when surrounded by people I care about and seeing them happy and enjoying the present moment.

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:

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.

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