hush studio

Yoga Therapy Intake + Assessment Form

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.

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.

PERSONAL DATA

First name: Dana Last name: D

Address: City/State: Stowe, VT

Phone Number: Email Address:

DOB: Age: 54 Receive Newsletter? Y N

Occupation: accountant/bookkeeper Pronouns:

Emergency Contact: Phone:

How did you hear about *Hush Studio*?

GOALS

What does optimal health mean to you? Feeling balanced and steady in both mind and body. I want to feel strong, mobile and pain free enough to move about my day w/o limitation. Emotionally want to feel less overwhelmed, less anxious and more grounded.

What is your previous yoga experience? A handful of classes over the years but nothing steady; gentle stretching. Never have done yoga therapy.

What is your reason for seeking out Yoga Therapy?

Try something new.

What are your goals for Yoga Therapy? Improve mobility, reduce pain in my shoulder, ↓ anxiety and overwhelm, develop emotional resilience after the loss of my mom and my current separation from my alcoholic husband.

MEDICAL HISTORY

Please list your current and previous health conditions. Please include medical diagnoses, surgeries, accidents, injuries, etc. w/ approximate dates:

frozen shoulder x 2 years

stress and anxiety

burnout

Are you seeing anyone for treatment of one or more of these issues? (Please explain)

yes, I see a doctor and PT for shoulder

Please list your current medications, dosages and any supplements you're currently taking: ___

None

What do you consider to be your strengths in terms of your current health and wellness? ____

I eat well, don't drink a lot, try to get outdoors a lot (biking, snowboarding, walking)

DIET AND LIFESTYLE HISTORY

Please describe your typical eating pattern. What do you typically eat for breakfast, lunch, dinner and snacks? Don't eat breakfast a lot; if I do it's coffee and a donut; I eat a lot of salads at lunch and cook most meals at home; not too many starchy carbs

Do you drink alcohol? If so, how much? glass of wine here and there

Do you smoke cigarettes or cannabis? If so, how often? NA

How much water do you drink daily? I try to drink 8 glasses but forget a lot

Do you drink coffee or other caffeinated beverages? If so, how many cups/day or caffeine/day?

Yes! Too many.

Do you follow any specific types of diet such as Keto, Paleo, Ayurvedic, etc? If so, please explain:

No

How is your digestion? Do you have daily, regular bowel movements? Yes, generally good

Do you have a daily physical exercise routine? If so, can you describe? no, I want it to be better; I work A LOT

What are your favorite physical activities or movements? Pilates, snowboarding, biking

Please describe your sleep habits. Do you generally sleep through the night? Do you remember your dreams? Can you tell me more about this and what it could possibly tell you?

Yes, but not enough. I fall asleep on the couch a lot at night.

Do you feel rested when you wake up in the morning? No.

Please describe your overall energy level. Does it fluctuate or stay consistent? When are you the most energized throughout the day? Least energized? Pretty good, I tend to rely on coffee way too much. Sometimes I fizzle out, shut down and don't get my work done but it's not that often.

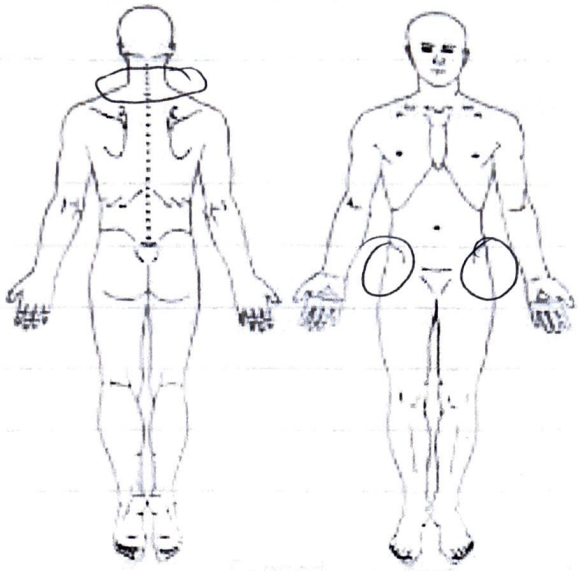
STRESS MANAGEMENT

Where do you hold tension in your body (please circle below)? neck, shoulders, jaw

Where do you experience physical pain, stiffness or discomfort in the body (please circle below)?

shoulders, neck, upper back

hips sometimes



What relieves this pain or discomfort for you? heat and ice

What makes it worse? working a lot

What are your perceived stress levels? 7-8 (out of 10)

What external factors tend to cause you stress? my husband's drinking, financial stress, taking care of my elderly Dad

How do you typically manage your stress? I don't; I try to not think about it

Do you experience sadness, anxiety or depression? If so, how do these feelings manifest in your body? Yes a lot. I shut down, dissociate, internalize

What life challenges are you currently facing? finances, loss of my Mom, caring for my Dad and 13 year old, possible divorce

What aspects of your life give you the most joy and pleasure? my son, out doors

How are your relationships currently with:

Family: good (Dad and brother)

Spouse: not good

Children: great

Friends: great

Co-workers: great

Other:

If you could change a habit, what would you change? Stop carrying all the problems alone and internalizing everything; Stop ignoring my own needs

How would you define the word *spirituality*? a connection to something bigger than myself; a sense of inner guidance

How do you express your spirituality? quiet reflection, nature

What in life gives you the most fulfillment? being a mom, my career (sometimes) small moments of peace and connection

What do you do for fun? Please describe: walk, movies, hanging out w/ my SN;

And what do you do to relax? Please describe: warm baths, sitting outside, hang out w/ my dog

***Care Plan Goals* - By the end of our work together, can you tell me three things that you would like to accomplish or be different?**

1. improve my shoulder mobility and ↓ pain
2. ↓ anxiety and stress; regulate NS
3. feel more clear and grounded emotionally

Is there anything else you would like to share with me? If so, please explain.

I feel like I'm at a breaking point; I'm ready to make changes and start a new chapter.

Waiver of Consent

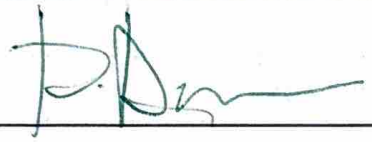
I Dana D. (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

I Dana D. (print name) acknowledge that the instructions and advice presented by the instructor are in no way meant to be a substitute for a medical examination, diagnosis and counseling from your healthcare professional. Consult your healthcare professional before beginning this or any other healthcare program. Information exchanged during any Yoga therapy session is educational in nature and is intended to help me become more familiar and conscious of my health status and is to be used at my own discretion.

I Dana D. (print name) acknowledge that participation in this program may involve some risk of injury due to the nature of the activity. In consideration of my acceptance of this program, I do hereby release and forever discharge for myself, my heirs,

executors, and administrators, any and all claims to collect damages against **Dhyana Wellness LLC** or her representatives, employees, agents or officials, sponsors or any officials of this program. I further represent that I am in a good physical condition and as such am able to participate in this program. I promise to practice yoga mindfully.

Signature of Client, Parent or Guardian



Date 12/1/25

Thank you so much for taking the time to complete this Intake Questionnaire. It will be very helpful in developing an organized, thoughtful and effective treatment plan. Please let us know if you have any questions.

We look forward to working with you!