Yoga Therapy Intake Form

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 on our work together, you can add additional information you would like to share at the last page.
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.
Please fill out this from and bring it to your first session. You can contact me if you have any questions.

Name:

Date: 03/06/2024

Address (option):

Phone number: Can I leave a voice message? **Yes** / No

Email:

What is the way to communicate? ☒ Email ☒ Phone ☒ Other:

Profession: retired
Weight: 51 kgs Height: 163 cm
Date of Birth: July 13, 1954

Emergency Contact Name:
Phone number: +
Relationship: Daughter

What are your reasons for seeing a yoga therapist?
Getting flexibility for my joints and good health

Are you familiar with Yoga? ☐Yes ☒ No *really*

If yes, what is your experience?

How long? Some sessions

Type of yoga? Restorative yoga

Do you currently exercise?
☐ *Regularly* ☒ *Occasionally* ☐ *Infrequently*
Please feel free to describe what kind and how often.

I exercise restorative yoga when I visit my daughter

How would you your general health?

☐ *Great!* ☐ *Good* ☒ *Okay* ☐ *Fair* ☐ *Poor*

Do you have injuries or limitations?

I got osteoporosis and some back and neck and joint pain

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

Getting a better health, relaxing my mind and increase my flexibility

Are you currently under the care of a doctor or other healthcare provider?

☒ Yes ☐ No

If yes, please identify the reasons and provider(s):

Osteoporosis

How long have you had this condition? 2 years

How would you rate your stress level?

☐Low ☐ Moderate ☒ High ☐ Very high

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

I worked a lot in my life and some members of my family were sick and I took care of them

Please describe how you are handling stress.

I walk every day and listen to relaxing music

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

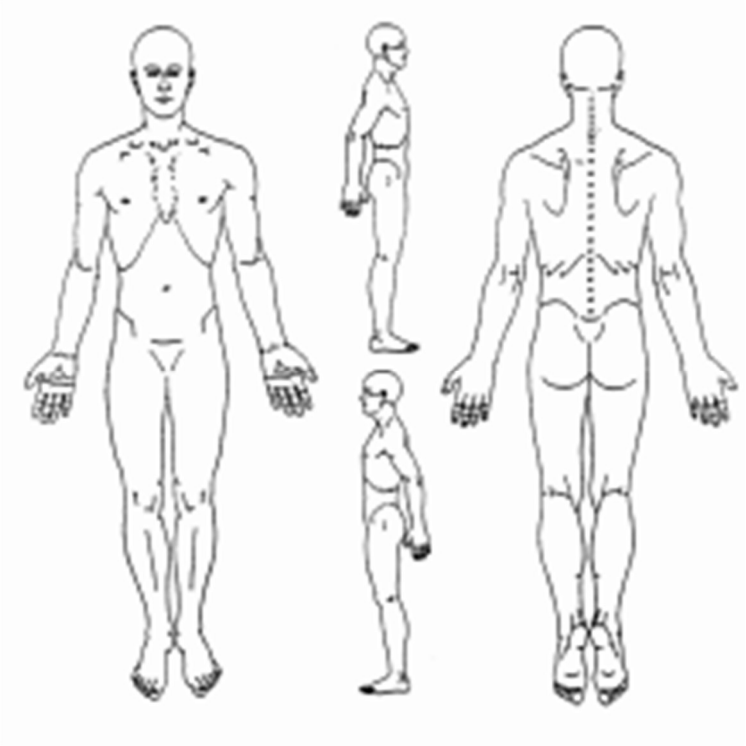
During 5 years when I was young

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

How would you describe your social support system?

☐ Exceptional ☐ Strong ☒ Okay ☐ Marginal ☐ Poor

Do you have physical pain? ☒Yes ☐ No
If yes, please mark the places you experience pain in the image.



Neck, higher back, lower back, right knee, right foot

Please let any relevant physical and mental history (major injuries, surgeries, hospitalizations)

YEAR	CONDITION DIAGNOSED	TREATMENT	Current Status
2014	**Right foot pain**	**surgery**	**Not very well**

Please explain any mental health history if you have any.

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

☒ back pain (low, mid upper)	☐ high blood pressure	☐ insomnia
☒ disk /spinal problem	☐ stroke	☒ nausea & indigestion
☐ muscular injuries	☒ Low blood pressure	☐ elimination problem
☒ leg /foot pain crams	☐ dizziness / fainting	☐ diabetes
☐ circulatory problems	☒ fatigue	☐ physical abuse
☐ heart problem	☒ headache	☐ sexual
☐ edema (swollen hands/feet/veins)	☐ asthma	pregnant ☐Yes ☐ No due date:
☐ Arthritis	☐ respiratory problem	
☐ Cancer	☒ anxiety	
	☐ depression	

Please list any prescription or non-prescription drug you are taking, and what for?

Calcium, vit D
Some pills for osteoporosis I have not begin already

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 would like to get more energy

When do you usually sleep (time asleep and time awake)?
10:30 or 11pm to 8:30 or 9am time asleep
08.30 or 09.00am to 10:30 or 11pm time awake

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.

Yes I experience fatigue, I can't do my planned stuff sometimes

Do you have any breathing challenges? ☐Yes ☒ No

How would you describe your breathing?

It's not deep enough sometimes

Wisdom and Intellect

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

Reading and learning English

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

I would like to do some stuff I had no time to do before

What would you like to learn and/or teach?

I'm curious about different cultures and people and also about art history

Connection and Meaning/Purpose

Do you have a religious/spiritual orientation?

No

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

Family, nature

Do you feel connected in meaningful ways?

Yes, I feel connected with my children

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

Not really

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

I'm sad about the world violence, the betrayal of some people who get influence over the life of a lot people

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

I don't know for now

Thanks