YOGA THERAPY INTAKE FORM

My 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, and 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.

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 in 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 _J[redacted]_____Date __June 20, 2024

Phone number _[redacted]Email _j[redacted]_____

Age_____74_____

Emergency Contact _W[redacted]_____

Please answer the following questions or mark the answer most related to your response.

Why are you seeking Yoga Therapy? ___For healthy body and healthy bones specifically_____

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

_____Balance and strength mostly in my legs._____

Physical Body

Do you currently exercise? Regularly Occasionally Infrequently X

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

Do you have injuries or limitations? ___My back is somewhat inflexible, hips are getting sore with age_____

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

___Only medicine presently is Eliquis, blood non-coagulant_____

_____

Do you have osteoporosis/osteopenia? When was your last DEXA scan? __The lastl DEXA was many (20?) years ago. Seems to me that I had osteopeniiia at that time._____

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 __Morning is best for me. My energy level is pretty good, but I'm currently in AFIB , so I get winded fairly easily._____

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

How would you describe your breathing?____Good when I'm not exercising or pushing myself. Stress is not good, and I try to avoid it._____

Mental Health

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

Wisdom and Intellect

What are the major sources of intellectual stimulation and engagement in your life now? ___Any book, movie, or talk that is highly inspirational. Books by PY._____

Connection and Meaning/Purpose

How would you describe your social support system? Exceptional Strong Ok

ay Marginal Poor I would describe it as Strong

Do you have a religious/spiritual orientation?

____Yes, Self-Realization Fellowship_____

What, if anything, should I know about your belief system or worldview? Is there anything else you would like to share? How can I best support you?

_____I'm doing the work in SRF, introspection and journaling, reading lessons, books by our Guru, and looking forward to Convocation.

_____

_____

_____

_____

YOGA THERAPY INTAKE FORM

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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 [redacted] Date 23 junho, 2024

Phone number [redacted] Email [redacted]

Age 59

Emergency Contact [redacted]

Please answer the following questions or mark the answer most related to your response.

Why are you seeking Yoga Therapy?

Be better

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

Osteoporose

Physical Body

Do you currently exercise? Regularly Occasionally Infrequently

X X

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

Do you have injuries or limitations? No

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

No drugs

Do you have osteoporosis/osteopenia? When was your last DEXA scan?

Osteoporose.2020

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

Morning

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

How would you describe your breathing? Well

Mental Health

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

Wisdom and Intellect

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

Nothig special

Connection and Meaning/Purpose

How would you describe your social support system? Exceptional Strong Okay Marginal Poor

Do you have a religious/spiritual orientation?

Yes

What, if anything, should I know about your belief system or worldview? Is there anything else you would like to share? How can I best support you?

SRF

YOGA THERAPY INTAKE FORM

My 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, and 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.

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 in 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 [redacted] Date 6/23/24

Phone number [redacted] Email [redacted]

Age 59

Emergency Contact [redacted]

Please answer the following questions or mark the answer most related to your response.

Why are you seeking Yoga Therapy?
I think I will learn different things to my health life

Please briefly explain any specific condition you seek to improve through Integral Yoga Therapy.
Learn to meditate, breath better and other things I a open to learn.

Physical Body

Do you currently exercise? Regularly Occasionally Infrequently I started 3x week

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

Do you have injuries or limitations? No.

Please list any prescription or non-prescription drugs you are taking and describe what they are for.
High Pression very low presciption , and I take some supplements.

Do you have osteoporosis/osteopenia? When was your last DEXA scan?
I never did it

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

Mid day

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

How would you describe your breathing? okay

Mental Health

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

Wisdom and Intellect

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

My Business

Connection and Meaning/Purpose

How would you describe your social support system? Exceptional Strong Okay Marginal Poor

Do you have a religious/spiritual orientation?

No, but I have faith.

What, if anything, should I know about your belief system or worldview? Is there anything else you would like to share? How can I best support you?

Everything is ok!

YOGA THERAPY INTAKE 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, and 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 in 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 _Ro[redacted]_____ Date __03/07/2024_____

Address _55[redacted]

Phone numb[redacted]

Profession S[redacted]r

Pronoun(s) She Weight 144.2 lbs .Height 5'6"

Date of Birth _06/11/1966 Age_ 57

Emergency Contact _[redacted]

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 me.

Anna Vasudevan 513-3745844 or annavasudevanyoga@gmail.com

Please answer the following questions or mark the answer most related to your response.

Why are you seeking Yoga Therapy? I feel Yoga has always been therapeutical despite the fact that I never thought about it that way. I find Yoga very beneficial to my physic and emotions. Hence my goal would be to apply the tools learned at times of need.

Are you familiar with **Yoga**? **YES**

If so, what is your experience? I have practiced Yoga often on since my 20's. But in the past 5 years or so I have deepen my studies and practices, most of them online.

Medical provider

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

If so, please identify the provider(s): Physical Therapy – Mercy Health – Kevin Rock

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

I have been treating a pinched nerve on C6-7 for the past 2 months with great success. My right shoulder still is bothersome though

Do you have a diagnosis from a health care practitioner about this condition? **YES**

How long have you had this condition? Anywhere between 2 years and 8 months

Physical Body

Do you currently exercise? Regularly

If yes, what kind of exercise and how often? GiQong, Ba Duan Jin, Yoga, Feldenkreis, Essentrics, Walk, Hike, weight training. I vary the exercises daily.

How would you describe your general health? Very Good

Do you have injuries or limitations? Neck and shoulder

Diet

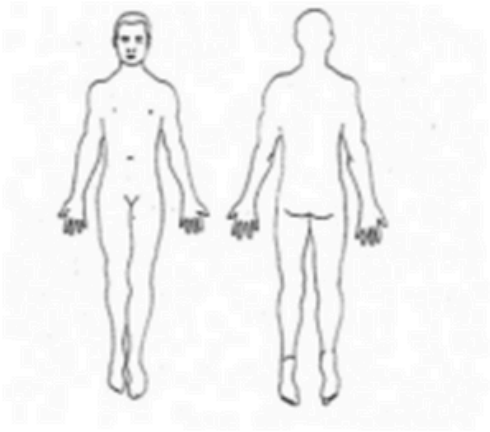
Do you feel your diet needs improvement? No

Do you inhale smoke in any form (tobacco, incense, marijuana)? Yes, often on. Former smoker, I burn incense often. Second Hand MJ

Do you drink coffee or any other stimulant? How often? Daily black coffee

Pain

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. How much is your pain on a scale from 1 to 10?



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

(year event treatment outcome)

2022 parathyroid removal – Total success – Calcium levels back to normal and no more pain

2019 Dry Eye syndrome

2022 Osteopenia

2012 Erythema Multiform – skin allergy to the herpes virus

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

L-Caps – multivitamin with fish oil for eye health

Caltrate – Calcium supplement for bone health

D3 supplement for better absorption of calcium

Sertraline – Generic of Zoloft for depression

Valacyclovir generic of Valtrex for suppression of herpes virus

Dipyrone – for body pain and muscle relaxer

Energy and Breath

What time of day do you have the most energy? Mid-day Please share anything you'd like to tell me about your energy level After my daily AM coffee (2), I go steady until early evening when I start less strenuous activities

When do you usually sleep (time asleep and time awake)? In the winter months I can sleep from 10-11PM to 9- 10 AM, but in the summer months I am up at sunrise every day.

How would you describe the quality of your sleep? Okay

If you experience fatigue, please describe its impact, frequency, and what you do to manage it. When I can not sleep 8 consecutive hours due to external influences, I get quite sluggish and distracted during the day.

How would you describe your breathing? It varies depending on the circumstances, shallow or deep, on hold and unconscious or deep and tranquil.

Mental Health

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

My environment where my partner has Parkinson's disease and it's beyond sad to watch, and frustrating to try to help because he's rather stubborn. Employment and lack thereof is another major one. I also have lots of stressors towards my future, be it financial, health wise, afraid of loneliness and losing my mind.

How would you rate your stress level (circle one)? Moderate

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

Besides the exercise practices mentioned prior, which most combine breathing exercises with the movement, I do try to work with body energy, be it a salt shower, a Reike self-applied, a self-massage with essential oils, herbal teas or in other healing energy uses (ie. incense, meals, sachets)

Please list any current mental health diagnoses and treatment.

Anxiety – anti-depressive

Please list any previous mental health diagnoses and treatment.

Dysthymia – mild but persistent depression - anti-depressant

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

I do respond negatively to medication, (suicidal thoughts)

Wisdom and Intellect

What are the major sources of intellectual stimulation and engagement in your life now? I love to read and study. For the past 3 years I have been studying about healing energy, which encompass, herbs, chakras, neuroscience, spiritual guidance. It's a fascinating rabbit whole.

What would you like to learn and/or teach? How to effectively communicate and apply the healing technics I have been so eagerly studying.

Connection and Meaning/Purpose

How would you describe your social support system? Okay

Do you have a religious/spiritual orientation?

Christian and Spiritual – I believe in eternal life, in spiritual evolution, awareness, God, the creator, the source

What connection is important for your life and health (nature, family, pets, volunteering, etc.)? Do you feel connected in meaningful ways?

To be actively engaged with life forms, people, nature, pets even more subtle forms of energy that involve the five senses. I find my involvement with it is unsatisfactory due to my current environment.

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

To continue growing, learning and becoming more spiritual to the point to contribute to the well being of others

What, if anything, should I know about your belief system or worldview? Is there anything else you would like to share? How can we best support you?

Although I consider myself open minded, I do set boundaries on what I may get involved with. I have a childhood trauma that still makes me fear the thoughts and images about the process of death, the suffering, the punishment. It's more involved than that but I try to avoid gruesome situations and can get rather impressed and scared with those kinds of images.