Sky 60↑ Andy

Lee "Atman" McMillan, IYTh Intern, MAEd, NREMT, eRYT® 500, YACEP

Yoga Therapy Intake Packet

Please Note: This form supplements what you have provided on the Garden of Zen Yoga Studio Student Agreement of Release and Waiver of Liability. The yoga studio will be provided a copy of that form only, while any additional information provided on this form will be protected and only used in the yoga therapy process. The more information you provide, the more customized and effective your yoga therapy plan can be.

What are your current reason(s) for seeking yoga therapy? Do you have any specific goal(s)? Anxiety Depression * Nausea

NO ENERGY

List your current and previous health conditions such as medical diagnoses, surgeries, accidents, illnesses, and injuries (include approximate date or how long ago for each).

PTSD 2010 Trauma
CHRONIC FATIGUE
Fibromyalgia

Please list anyone else you are seeing for medical or general health concerns including alternative modalities such as doctors, specialists, massage, and acupuncture. Falls Ixnx.

ACUPUNCTURE, VA < Parkinson's Clinic In Pt.
~ haven't been in a month

Please list your current medications, including over the counter and supplements.

anxiety/depression

Please list any areas of the body you currently have or recently had discomfort, tension, or pain including anything that helps relieve it and rate each on a scale of 1 [very minor] to 10 [extremely painful or worrisome].

HIPS
RIGHT SHOULDER > 5/10

Dry Needling

Please list your favorite activities for both physical and mental health (i.e., walking the dog, yoga, swimming, listening to music or singing, gardening, coloring, crafts, puzzles) – including how frequently and how long per session.

NONE. I'm A SLOG

Army → AF
VE.

What percentage of your typical day includes the following?

Sitting ALL DAY :) Desk work
Driving Lifting
Standing NO WORKING Lying 1 - 1½ mi/day

Briefly describe your typical diet. How is your digestion (any gas or bloating)? How would you describe your bowel movements (frequency and consistency [normal, loose or constipated])?

Not eating - nautea

How would you describe your sleep including length and how frequently you wake up?

10 HOURS STILL SLEEPY 8 steps < rest getup restless

What is your daytime energy level on a scale of 1 [ready for a nap] to 10 [Energizer bunny] – including right now, and the low and high if it fluctuates?

7am alarm

2

Please list any substance use including recreational or addictive such as tobacco products, coffee, alcohol, marijuana, narcotics or other pain killers, junk food, sexual activities, etc.

COFFEE (LOTS)

Please describe any challenges in your life including stress, changes, sadness, anxiety, depression, etc.

Please describe any aspects in your life that bring you joy, happiness, pleasure, etc.

NONE

If you could change one thing in your life right now, what would it be?

MORE ENERGY

How much time per day and how many times per week would you like to devote to your yoga practice?

2 HOURS

Please list any other information you would like to share or that might be helpful.

I DON'T DO ANYTHING ANYMORE

Thank you for completing this intake form. It will be very helpful in working together to create a yoga therapy plan focused on your wants and needs.

Fri/Mon

- Tue. | 3 Pool
- Alarm