Integral Yoga® Therapy

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.

Basic Demographic and Contact Information

Name : Eugene Date: 0/3/2025

Address [redacted]

Phone Number [redacted]

Profession [redacted]

Pronoun(s) He/Him [redacted]

Date of Birth [redacted] Age: [redacted]

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 zoom visit
Please also have available a Yoga mat, chair and wear comfortable clothing.
Client confidentiality will be observed under all circumstances.

If you do have any questions please contact your practitioner: Mimi Gross, gross_mimi@yahoo.com

What is your primary motivation for seeking yoga therapy?	Stress Management
What are your goals?	Manage stress, emotional intelligence, flexibility, time management, and balance.
Do you have any experience with yoga/meditation?	Yes, has visited Yogaville and was provided with a mantra.
If you currently have a yoga practice, please describe it.	None at the time.
how much time do you have to dedicate for daily practice	10 minutes here and there for sure
Physical Health and History:	No physical health issues nor history
Energy and breath:	
What time of day do you have the most energy?	Morning, but a lot of energy throughout the day.
When do you usually sleep (time asleep and time awake)?	Awake at 5am; sleep 10-12pm
How would you describe the quality of your sleep?	Could be better
If you experience fatigue, please describe its impact, frequency, and what you do to manage it.	No fatigue
Do you have any breathing challenges?	No breathing challenges
Mental Health and History:	
What type of emotions show up during stress?	Anxiety, impatience
Wisdom and Intellect:	
What are the major sources of intellectual stimulation and engagement in your life now?	Job and reading
What are you in the process of learning and/or teaching others?	Teaching – son and as a manager teaches his colleagues
What would you like to learn and/or teach?	
	does not have the bandwidth to learn at the moment but would like to learn Italian and technical upgrade required for work
Connection and Meaning/Purpose:	
Do you have a religious/spiritual orientation?	Mildly Jewish, was born in the Soviet Union
What connection is important for your life and health (nature, family, pets, volunteering, etc.)?	Family, son, being a good human and being around good humans, nature
Do you feel connected in meaningful ways?	Yes
Do you feel that you know why you are here?	Yes
What does being stress free mean to you?	To align schedule to not feel in a rush. Show up to work and all appointments on time. To meet the many work and personal life demands. To complete all tasks. Would like to look at his day and be able to see his accomplishments.