TE 005
1 of 6

Intake Form

First Name	[redacted]	Last name	[redacted]
Phone	[redacted]	E-mail	[redacted]
Address	[redacted], VA. 23[redacted]		
Occupation	Payroll Manager	Date of birth	07/06/[redacted]
Date	07/17/2024	Referred by	[redacted]

What are your reasons for coming to yoga?

to start moving more and get a little excersise

Have you had any experience with yoga or meditation? If so, please describe it.

Chair yoga offered by the agency only.

What kinds of challenges are you dealing with right now?

movement, I have a hip replacement on the left and a bad knee on the right. Experiencing some pain when standing for any length of time and lifting my left leg.

Have you ever been diagnosed with any of the following conditions?

- ☐ Osteoarthritis/rheumatoid arthritis
- ☐ Osteoporosis
- ☐ Spinal fracture
- ☐ Herniated/ruptured disc
- ☐ Spinal fusion or discectomy
- ☐ Scoliosis
- ☐ Bone fractures (last two years)
- ☐ Low bone density
- ☐ Heart conditions
- ☑ High or low blood pressure
- ☐ Circulation problems
- ☐ Breathing problems (asthma, COPD)
- ☐ Digestive issues
- ☐ Reproductive system issues
- ☐ Cancer
- ☐ Diabetes
- ☐ Epilepsy
- ☑ Headaches
- ☐ Immune conditions
- ☐ Fibromyalgia
- ☐ Chronic fatigue syndrome
- ☐ Mental health challenges

Please provide more details about any checked areas above

I get migraine headaches and am being treated for high blood pressure

Have you had any treatments or surgeries in the past five years? DATE

No

List your current medications

Metoprolol Succ ER & Hydrochlorothiazide & Butorphanol NS.
Wegovy

TE 005

3 of 6

[redacted]

Do you have pain or mobility limitations in any of the following areas?

☐ Neck ☐ Upper back ☑ Hips ☐ Elbows ☐ Hands ☐ Wrists

☐ Shoulders ☑ Lower back ☐ Sacrum ☑ Knees ☐ Feet ☐ Ankles

If so, please describe them.

Are you currently receiving any treatment?

What is your daily activity level?

☑ Sedentary ☐ Move some ☐ Move a lot ☐ Other (please explain)

What kind of exercise do you engage in?

☑ None ☐ Walking ☐ Running ☐ Biking ☐ Weightlifting ☐ Aerobics ☐ Yoga

☐ Other (please explain)

How often do you exercise?

☑ Sporadically ☐ Once a week ☐ 2-3 times a week ☐ 5 days a week ☐ Every day

How many meals do you eat per day?

☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5 ☐ More than 5

Please describe your current diet

☑ High in fruit and vegetables ☑ High in animal protein ☑ High in carbohydrates

☐ High in processed foods ☐ Paleo ☐ Vegetarian ☐ Vegan ☐ Other

TE 005
486

What is your typical energy level?

☐ Low ☒ Medium ☐ High ☐ Variable ☐ Other

What is your sleep quality?

☐ Restful ☒ Restless ☒ Frequently interrupted ☐ Not enough ☐ Too much

☐ Trouble getting to bed ☐ Trouble falling asleep ☐ Trouble staying asleep

☐ Other

What is your stress level?

☐ Low ☒ Medium ☐ High ☐ Variable ☐ Other

What is the source of your stress?

What do you do to counteract stress?

Are you currently experiencing any issues with any of the following systems?

☐ Digestive ☐ Respiratory ☐ Endocrine ☐ Nervous ☐ Circulatory ☐ Reproductive

☐ Endocrine (hormones) ☐ Lymphatic (immunity) ☐ Integumentary (skin) ☐ Urinary

If so, what kinds of issues?

Are you currently receiving any treatment?

TE 005
596

Do you have any trouble concentrating?

☑ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

Do you have trouble remembering things?

☐ Never ☑ Rarely ☐ Sometimes ☐ Often ☐ All the time

Do you experience any recurring memories that are bothersome?

☐ Yes ☑ No ☐ Don't want to talk about it

How often do you feel anxious?

☐ Never ☑ Rarely ☐ Sometimes ☐ Often ☐ All the time

How often do you feel depressed?

☑ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

Does your current mental state impact the quality of your life?

☐ Never ☑ Rarely ☐ Sometimes ☐ Often ☐ All the time

If so, in what way?

TE 005
696

Which emotion have you felt most often in the past two weeks?

☑ Happiness/Joy ☐ Gratitude ☑ Excitement ☐ Serenity ☑ Hope ☐ Inspiration ☑ Love

☐ Anger ☑ Irritation ☐ Sadness ☑ Frustration ☐ Guilt ☐ Fear ☐ Disappointment

☐ Other (please specify)

Do you like feeling this way?

☑ Yes ☐ No ☐ Sometimes

Do you currently feel (check all that apply):

☑ Stable ☐ Vital ☐ Empowered ☐ Connected ☑ Expressive ☑ Insightful ☑ Inspired

How satisfied are you with the quality of your life right now?

☐ Completely ☐ Moderately ☑ Somewhat ☐ Not really ☐ Not at all

What would you like to change, if anything?

I am in the process of losing some weight and want to be able to keep up with my grandchildren. having more mobility will allow me to do that and increase my health.

During the past two weeks, was someone available to help you if you needed help?

☑ Yes, as much as I wanted ☐ Yes, quite a bit ☐ Yes, some
☐ Yes, a little ☐ No, not at all

How would you describe your spiritual/religious life?

we aren't very religious

What do you enjoy in your life? Do you have hobbies?

Yes I do. Reading, movies, hanging out with my grandkids, traveling.