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.

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.

Basic Demographic and Contact Information

Name _____ _____ Preferred Name: ____ _____

Preferred Pronouns: _____She/her_____ Age: _____46_____

Where are you located

_____Miami_____ Best Phone

number _____ Best Email _____ _____ Who lives

in your household? (people and pets): _____6 people including

me_____

Physical Health and History:

How would you describe your overall physical health?

Please list any relevant medical history

Year	Event	Treatment	Outcome
2005 ish	back sugery	I had bulging herniated disks, l4-l5, l5-s1	I don't have a lot of back pain.

Please list any current diagnosed conditions and treatments

Condition	Year Diagnosed	Current Treatment (prescription, OTC, Behavioral, etc.)	Current Status

If you experience chronic pain, please describe:

Location	Frequency	Intensity	Duration	Description
sholder	a dew times a week	3-5	depends on the day	I think its from the way I sleep
hips	a dew times a week	3-5	depends on the day	I think its from the way I sleep

Energy and breath:

What time of day do you have the most energy?
mornings

When do you usually sleep (time asleep and time awake)?
11 pm it depends, sometimes I fall asleep with the kids at 830…

How would you describe the quality of your sleep?
I feel like I neve get enough sleep.

If you experience fatigue, please describe its impact, frequency, and what you do to manage it.
i feel like I can't do all the things I need to do

Do you have any breathing challenges not mentioned above?
not really

How would you describe your breathing?
Normal

Mental Health and History:

Please list any current mental Health diagnoses and treatment:

Condition	Year Diagnosed	Current Treatment (Prescription, OTC, Behavioral, etc.)	Current Status
bi polar	2003	none	ok

Wisdom and Intellect:

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

What are you in the process of learning and/or teaching others?
I am teaching myself codeless automation, but I also teach soap-making classes.

What would you like to learn and/or teach?
I'd like to lean yoga, and take in person watercoloring classes

Connection and Meaning/Purpose:

Do you have a religious/spiritual orientation?
more self-taught spiritual

What connection is important for your life and health (nature, family, pets, volunteering, etc.)?
family, my friends, and my business is important I see it as a way to help selfless women take care of themselves.

Do you feel connected in meaningful ways?
yes i think so

Do you feel that you know why you are here?
to help

What should I know about your belief system or worldview?

Yoga History:

Do you have any experience with yoga/meditation?
meditation yes yoga not so much

If you currently have a yoga practice, please describe it.
I do not

What is your primary motivation for seeking yoga therapy?

yoga is supposed to be really good at keeping you flexible, I feel like I’ve lost all my flexibility. I sit a a computer for work, unless I’m making soap or at a show, and lately even standing to make dinner makes me tired.