

Yoga Therapy Health History and Intake Form

1 response

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Contact Information

Today's Date

1 response

Oct 2025

21

Name:

1 response

[REDACTED]

Email:

1 response

[REDACTED]

Phone number:

1 response

[REDACTED]

Date of Birth:

1 response

May 1950

21

Emergency Contact Information:



Name:

1 response

[REDACTED]

Phone number:

1 response

[REDACTED]

Email

1 response

[REDACTED]

Relationship to you:

1 response

[REDACTED]

Goal(s) and Yoga experience

Describe your primary reason(s) for seeking yoga therapy.

1 response

Adapting yoga poses to changing body

What are your goal(s) for our time together?

1 response

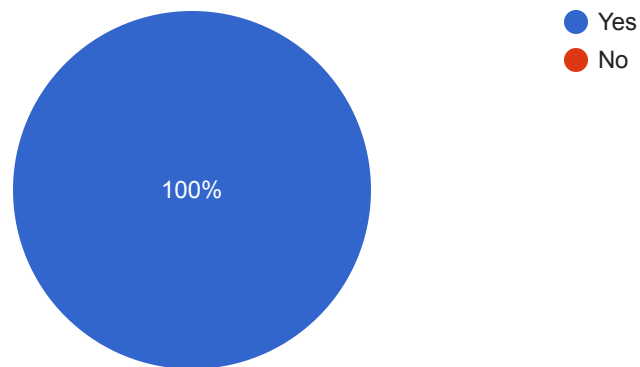
Manage changes to my foot after surgery, improved balance, increased strength



Are you familiar with yoga?

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1 response

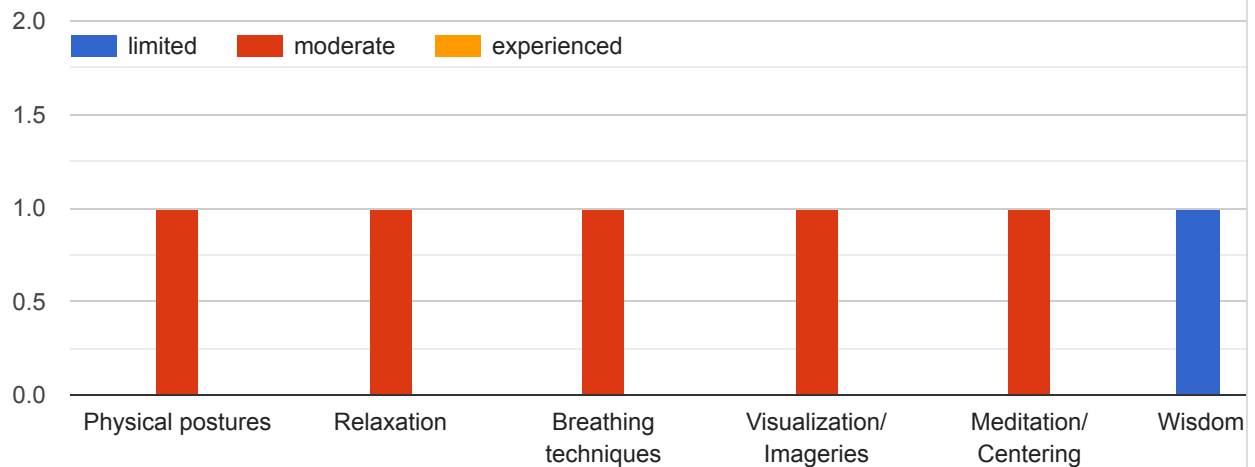


If you answered yes to the above question, please describe your experience with yoga.

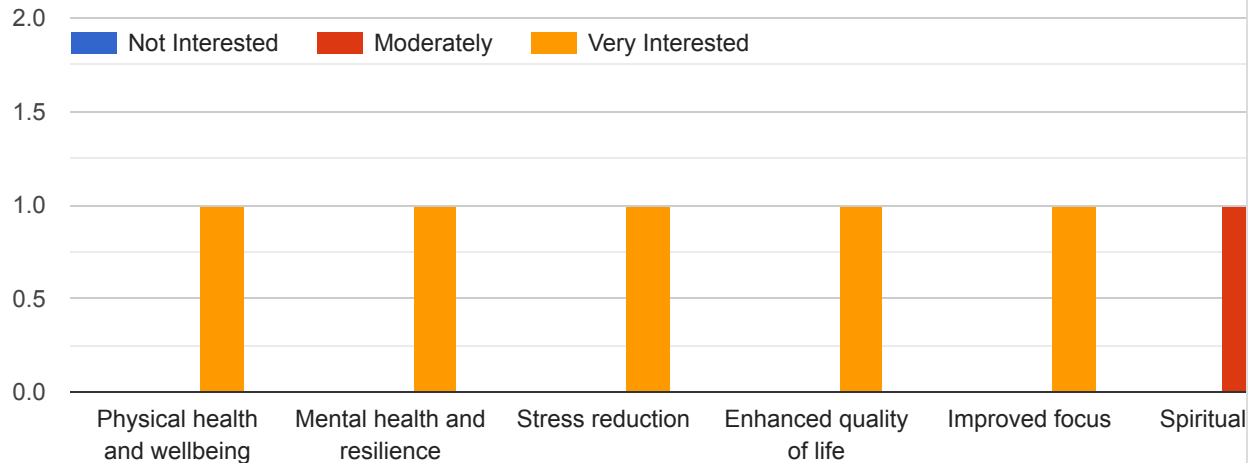
1 response

Taking yoga classes steadily since 1974, regularly since 2000. Pandemic and surgery interrupted this to varying degrees

What is your experience with the following yoga practices?

 Copy

How interested are you in Yoga practices to support the following goals

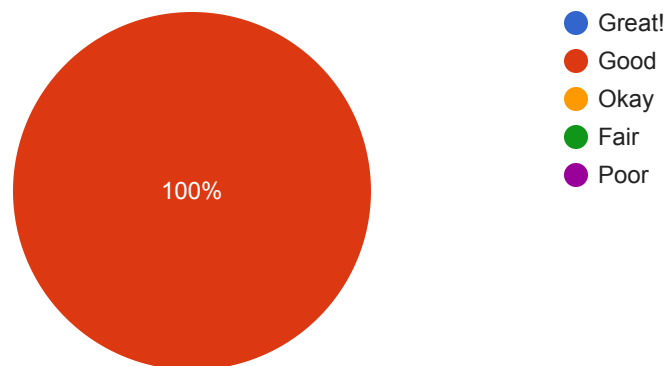


Physical health

How would you describe your general health?



1 response



Do you have any specific diagnosed condition(s) from a health care practitioner? If yes, please describe your diagnosed condition(s).

1 response

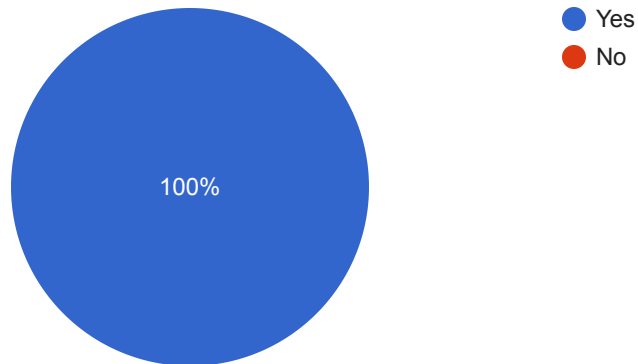
Epilepsy, high BP, high cholesterol, all managed well with medication. Surgery 5/24 for bunion plus dislocated toes. I had PT, now fine with some residual pain, but I can't bend my toes as I can the right foot, plus have trouble getting up and down from the floor. I also have disc disease so I'm protective of my lower back. Plus past shoulder injury that I'm also protective of, not treated for back and shoulder at this time, though I've had PT for both in the past.



Are you currently under the care of a doctor or other healthcare provider for the above diagnosed condition?



1 response



How long have you had the above diagnosed condition(s)?

1 response

Epilepsy all my life, everything else in past 5 years

Do you have any limitations due to the diagnosed condition(s)? Please describe.

1 response

Not really

Do you have any contraindications due to the diagnosed condition(s). Please describe.

1 response

Bending shoulder too much

What life challenges are you currently facing?

1 response

My and husband's aging



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

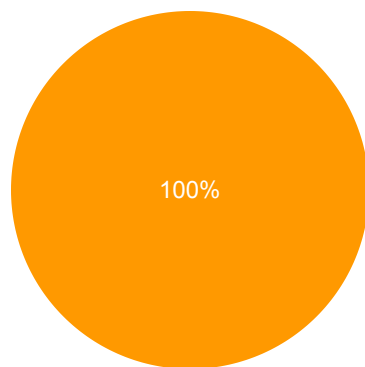
1 response

Carbamazepine for epilepsy, Valsartan and amlodipine for BP, Asmanex for asthma, statin for cholesterol, Synthroid for low thyroid, multi vitamin, Vitamin D3, probiotic, baby aspirin for cholesterol

Are you able to easily get up and down from the floor

 Copy

1 response



- ☐ Yes
- ☐ No
- ☒ With assistance, especially on left foot

Do you have physical pain? If yes, please list the places you experience pain and feel free to elaborate on them.

1 response

Not really

Do you have a regular exercise program? Please describe:

1 response

Walk every day at least 2 miles, stretching, yoga

How would you describe your diet and digestion?

1 response

Digestion is good, no red meat, lots of F & V

Energy and Breath



How would you describe your overall energy level? Does it fluctuate or stay consistent?

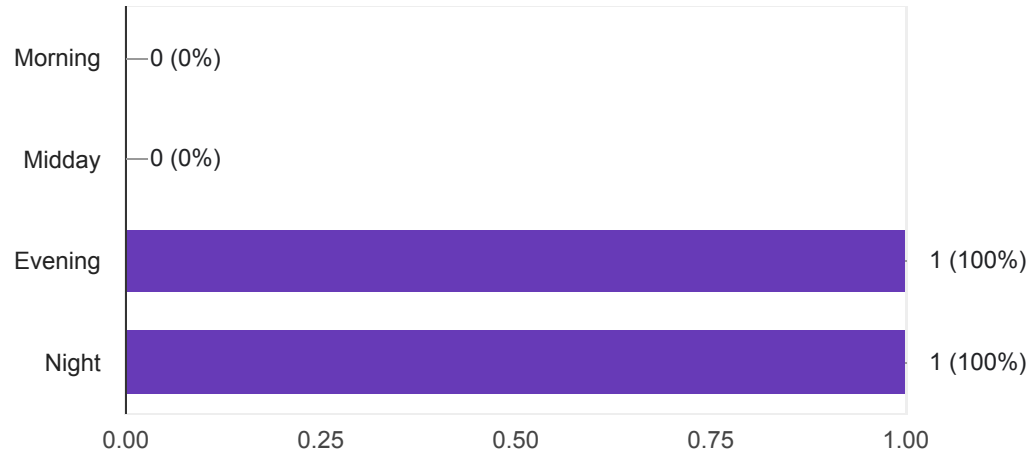
1 response

Pretty good! Sometimes take a nap in afternoon

What time of day do you have the most energy?

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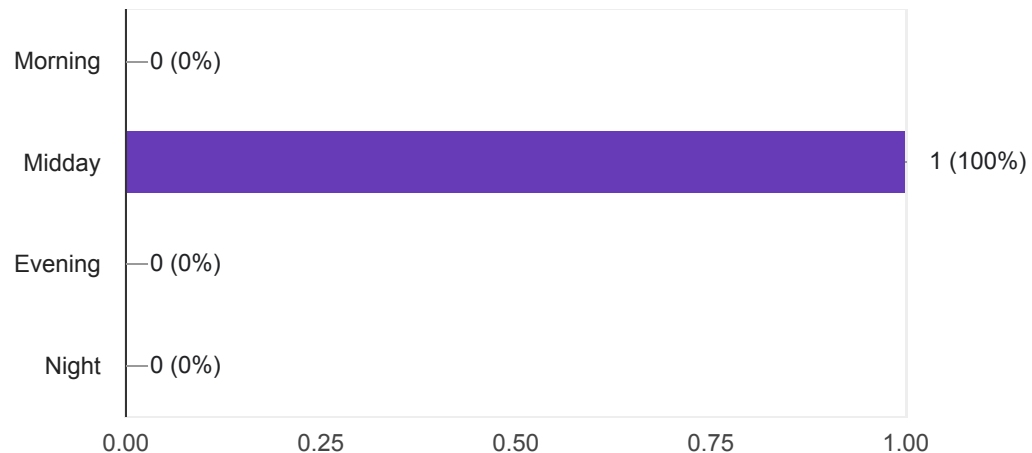
1 response



What time of day do you have the least energy?

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1 response



Describe your rest/sleep patterns?

1 response

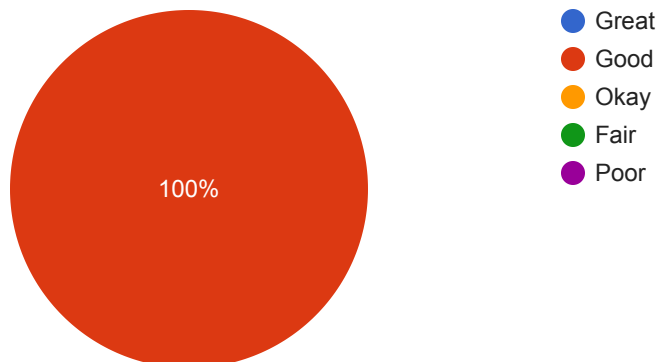
Sleep 7-8 hours



How would you describe the quality of your sleep?

 Copy

1 response



If you experience fatigue, please describe its impact, frequency, and what you do to manage it.

1 response

Rest if tired, occasional nap, but prefer not to nap

How would you describe your breathing?

1 response

Tend to hold my breath,, but I do diaphragmatic breathing when I become aware of it

Do you have any breathing challenges? If yes, please feel free to describe your breathing challenges.

1 response

Asthma controlled by meds, only occasional use of rescue inhaler, fine with exercise. Asthma is triggered by allergies (dust) and sometimes abrupt temperature changes. Mostly I'm fine.

Mental health

Please list any current mental health diagnoses and treatment.

1 response

Tendency toward depression and some anxiety. Managed through keeping active, talking with friends. I'm a mental health therapist so I try to apply what I know,



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

0 responses

No responses yet for this question.

If you did not include prescription or non-prescription drugs you are taking for mental health, please list and describe what they are for.

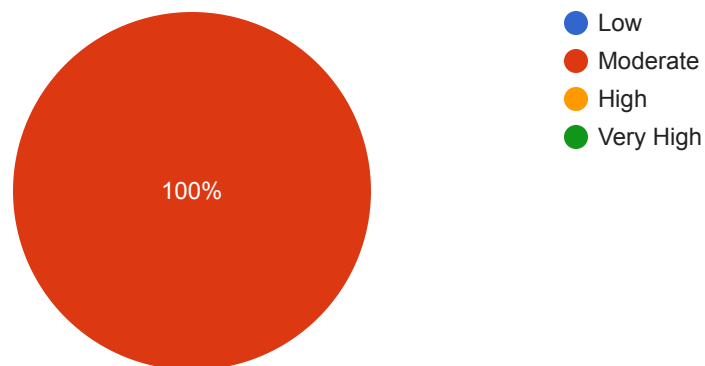
1 response

N/A

How would you rate your stress level?

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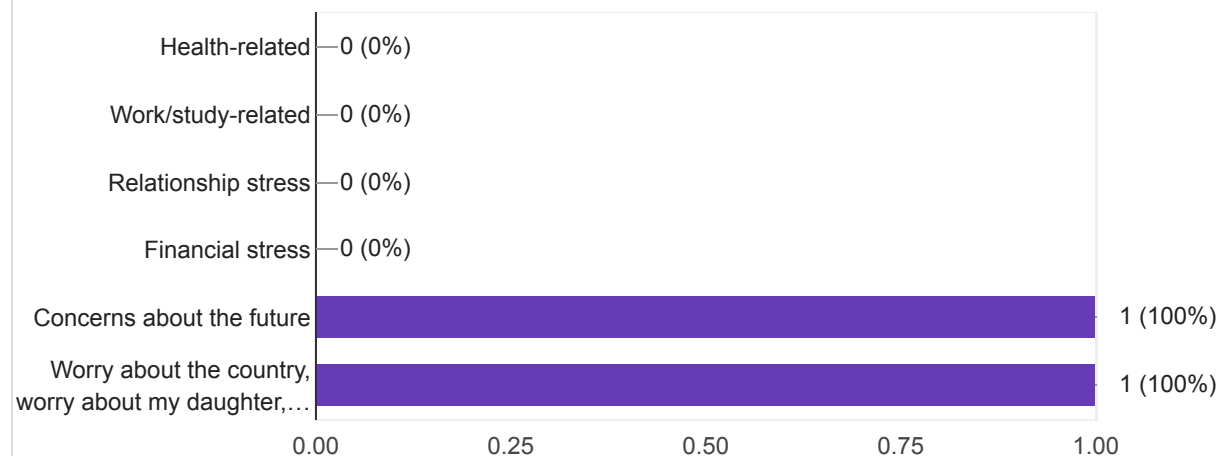
1 response



Please describe the current sources of stress in your life

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1 response



Where do you typically hold tension or discomfort in your body?

1 response

Chest tightness, tension upper back, clench teeth while sleeping



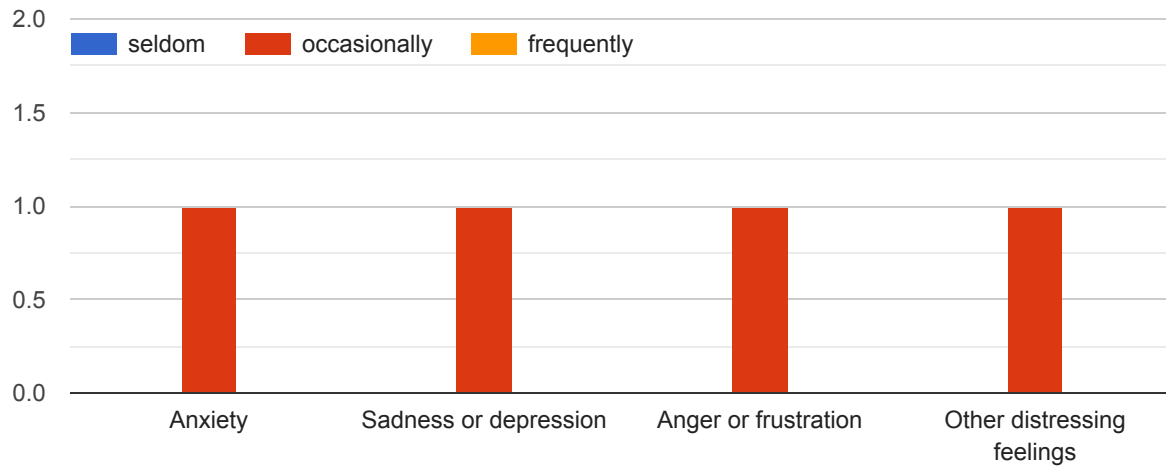
Please describe your practices and coping mechanisms for handling stress.

1 response

Yoga, breathing, piano, reading, looking at photos of my grandsons, talk tomfriends

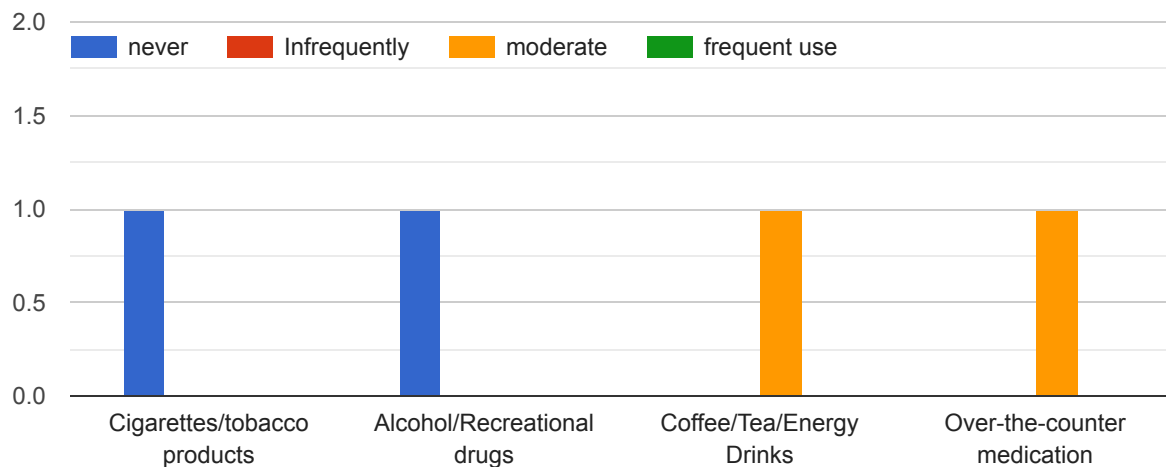
How often do you experience

 Copy



On a scale of 1 to 4 how often do you use the following

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Wisdom and Intellect

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

1 response

Reading, helping my clients, learning about mental health issues



What are you in the process of learning and/or teaching others?

1 response

Working with clients on their problems, read a lot of novels, currently about Ireland

What would you like to learn and/or teach.

1 response

Learn more about classical music history and theory

Connection and Meaning/Purpose

Are you active in a faith community or maintain any regular spiritual practices? If yes, please feel free to share your spiritual practicees.

1 response

Jewish, belong to a synagogue, go to services sometimes

What connection is important for your life and health (nature, family, pets, volunteering, etc.)?

1 response

Family, friends, work with clients. We have a cat, but she's strange!

Do you feel connected in meaningful way? Please describe.

1 response

Daughter, son-in-law, grandsons, husband, sister, brother in law, friends, clients

What aspects of your life give you the most joy and meaning?

1 response

Grandsons!! Family & friends. Being outside, trees



What, if anything, should I know about your belief system or worldview?

1 response

Important to be connected to things larger than myself. But my practice of Judaism is more concerned with social Justice rather than God per se.

What is your social support system?

1 response

Family & friends

Is there anything else you would like to share to best support you?

1 response

Despite the wonderful things in my life I'm sad a lot.

How much time (each day/week/month) can you devote to your own personal yoga practices?

1 response

I try to do something every day.

When are you available for yoga therapy sessions (days and times)?

1 response

Other than Saturday mornings, I have time all week. Most clients can be rescheduled.

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