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.

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 [redacted] Preferred Name: [redacted]

Preferred Pronouns: He/Him Age: 44

Where are you located Miami, FL

Best Phone number [redacted] Best Email [redacted]

Who lives in your household? (people and pets): 2

Physical Health and History:

How would you describe your overall physical health?

Please list any relevant medical history

Year	Event	Treatment	Outcome
2018	Spiral Fracture	Surgery	Corrected

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
Lower Back	1 OR 2 per yr	Moderate	3 hrs	Muscle Pain

Energy and breath:

What time of day do you have the most energy?

Morning

When do you usually sleep (time asleep and time awake)?

12 AM - 7 AM - M thru F

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.

Daily, AD/HD medication helps fatigue

Do you have any breathing challenges not mentioned above?

unknown

How would you describe your breathing?

Stuffy Nose

Mental Health and History:

Please list any current mental Health diagnoses and treatment:

Condition	Year Diagnosed	Current Treatment (Prescription, OTC, Behavioral, etc.)	Current Status
ADHD	2011	D-amphetamin 15mg	Good

Wisdom and Intellect:

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

WORK

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

CPA, helping other students understand the material

What would you like to learn and/or teach?

Photography

Connection and Meaning/Purpose:

Do you have a religious/spiritual orientation?

Yes, Christian

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

Nature, volunteering, Friendship, community

Do you fell connected in meaningful ways?

NO

Do you feel that you know why you are here?

NO

What should I know about your belief system or worldview?

Pragmatism

Yoga History:

Do you have any experience with yoga/meditation?

Yes, beginner

If you currently have a yoga practice, please describe it.

Meditation exercise

What is your primary motivation for seeking yoga therapy?

INTEGRAL YOGA
Client Release and Waiver of Liability Agreement

I, [redacted] (Client), as a client of Mimi Gross (Intern), hereby agree to the following:

RELEASE AND WAIVER OF LIABILITY

1. I am voluntarily participating in the Integral Yoga Therapy Practicum ("Practicum") which may involve physical, mental, emotional and spiritual wellness and Yoga practices offered by Mimi Gross (Intern). I am fully aware that the Intern is a student in training in the Integral Yoga Therapy Certification program, and at this time is NOT a Certified Yoga Therapist. I further understand that the Intern will be supervised by a Certified Yoga therapist during the time completing the Practicum..

2. I recognize that I am choosing to participate in the Practicum in my current state of physical, mental, and emotional health. I understand that the Practicum may require physical exertion, and I represent and warrant that I am able to clearly communicate my physical capabilities and limitations, and I have no reason which would prevent my full participation in the Practicum. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Practicum. If I have consulted a physician, I have taken the physician's advice. I understand that the Intern reserves the right in their absolute discretion to refuse my participation in the Practicum.

3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Practicum.

4. In further consideration of being permitted to participate in the Practicum, I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against the Intern, Integral Yoga owners, members, employees, and/or its instructors, teachers, volunteer staff, workshop presenters, independent contractors and the landlord of the Intern (each, a "Released Party") for any Claim that I may sustain as a result of participating in the Practicum even if the Claim arises from the negligence of any Released Party or anyone else. I agree to indemnify and hold harmless each Released Party from any loss or liability incurred in defending any Claim made by me or any third party (including the employees and agents of the Intern and its contractors) even if the Claim is alleged to or did result from the negligence of any Released Party. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees (including attorneys' fees), legal actions, rights of actions for damages, personal injury, property damage, mental suffering and distress or death that I may suffer, my children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Practicum.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of a Released Party.

6. This agreement shall be construed in accordance with, and governed by, the laws specific to the State I am receiving my training. I have carefully read this release and waiver of liability and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this release and waiver of liability, I am giving up substantial rights that I or my heirs and assigns may have against any Released Party.

Signature of Client

[redacted]

Printed Name of Client

3/10/24

Date