Lil Harris Yoga Therapy
New Client Intake Form

Thank you for taking time to share a little of who you are with me. What you include in this form allows me to better prepare for our meeting and tailor services to meet your needs. What you choose to disclose is up to you. If any question feels overwhelming, skip it and add it to our conversation when we meet. I suggest allowing 15-30 minutes to complete.

Our work will be to identify and support your goals of enhancing your health and well-being through 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.

Our work is client-centered, meaning you are a full participant in the journey. 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.

All information will be strictly confidential. Nothing will be shared with a third party without your consent and mutual agreement.

Name: Michael D. Hatchett

Address: 13 A.P. Hill Ave H.S. Va 23075

Email: mikehatchett57@gmail.com

Phone: 804-572-5190 **Permission to leave a message:** Y

DOB: 11/11/57 **Height:** 5'9 **Weight:** 210

Profession: Retired **Preferred Pronouns:** N/A

Emergency Contact, Relationship & #: Irene, Wife, 804-572-8239

What are your current reasons for seeking yoga therapy? Do you have a goal for our time together? Not at this time

What is your previous experience, if any, with yoga?

Dabble.

What are your current and previous health conditions? (Please include medical diagnoses, surgeries, injuries, etc. and approximate dates.) Feel free to elaborate.

YEAR	EVENT	TREATMENT	OUTCOME
2020	Knee surgery	Replacement	Good
2022	"		"

Who else are you currently seeing for your concerns or general health?

VA

Have you ever used tobacco or marijuana products? **Yes** **No**

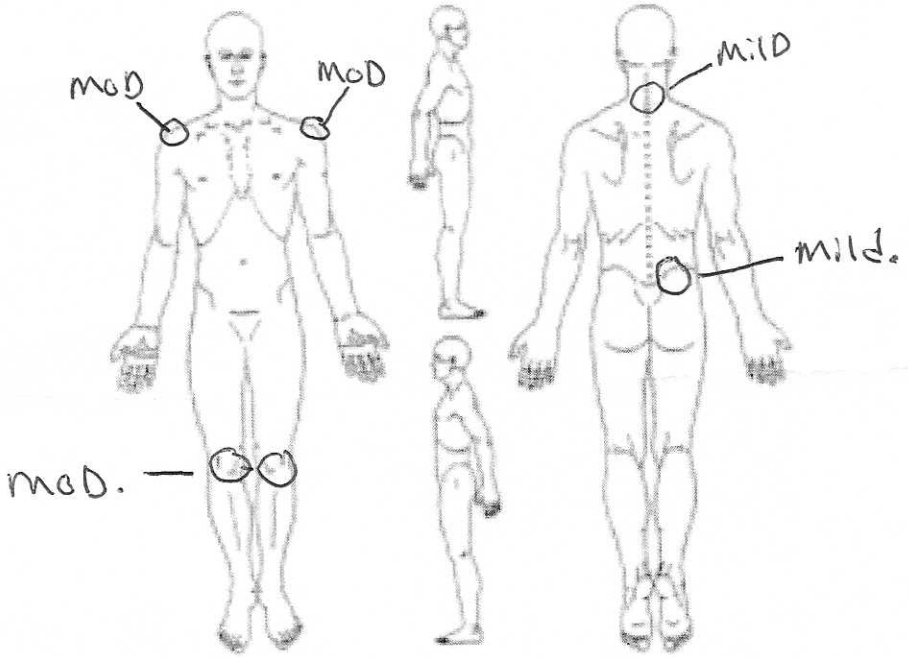
When? How long? Are you currently using them?

What is your history with alcohol consumption? (How often? How much?)

None

Do you inhale smoke in any form (including incense)? **Yes** **(No)**

What are the areas of discomfort in your body? (Mark where they are located, and degree of discomfort: mild, moderate, severe). Feel free to elaborate.



Where do you hold tension in your body?

Neck

What relieves your pain? What increases it? (Consider the movements, activities and ranges of motion that affect you.) Heat, stretching help. Overactivity or, oddly, remaining stationary for too long.

What are your current and previous mental health conditions?

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS
PTSD	2009	N/A	Pretty good.
Low grade Rage	2009	N/A	" "

Please list any prescription and/or non-prescription drugs and supplements you are taking, as well as what they are for:

Omeprazole-	Acid Reflux
Acetaminophen	Knee/Joint Pain
Voltaren Gel	" "
Glucosamine	Joint support

How would you describe your diet? What about it works well for you? What do you feel needs to change? Okish? LoL! A project In Process.

Describe your overall energy. Does it fluctuate or stay consistent? When are you most energized? When are you depleted?

Overall energy, excellent, I'm a Morning Person. I am The energizer Bunny, mostly.

How would you describe your current level of stress: low, moderate, high? What increases your stress? What reduces it?

Low. I Don't Stress.

How would you describe your breathing? Do you have any breathing challenges?

EXCeLLenT

What life challenges are you currently facing?

Learning how To be retired.

What in your life brings you joy?

TOO much To LiST.

If you could change one thing in/about your life, what would it be?

I have aLways wanted To be TaLL, buT that Ship has sailed.

In %, how much of your day is spent doing the following activities:

Sitting _____% **Standing** _____% **Driving** _____%

Lifting _____% **Desk Work** _____% **Lying Down** _____%

Average hours of sleep/night: 8-9 **Usual bedtime:** 9:30-10:00

Wake up time: 6:30-7:00 **Do you usually wake refreshed?** Yes

How easily do you fall asleep? Irena says I FaLL aSLeeP TOO Fast. Lol!

How easily do you wake up? I Spring Into action.

What challenges do you have with your sleep quality or routine?

None

Do you have a regular exercise routine? Feel free to elaborate.

You know I Do HaHaHa!

Describe your social support system (family, friends, etc.) What social activities do you enjoy? Im very close to my wife & 2 children. Not particularly social. I volunteer at the USO & VFW, a few work/army friends.

What connections are important for your life and health? (examples: nature, pets, volunteering, etc.)

I like pets and nature.

Are you active in a faith community or maintain any regular spiritual practices? How would you like to incorporate your faith into the work we do together?

I am not a member of any church or formal religion.

What gives you your greatest sense of purpose and meaning in your life?

My family is my greatest purpose. Life is fleeting, Do right, be kind, live with honor.