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:

Preferred Pronouns: Age: 38

Where are you located [redacted]

Best Phone number [redacted] Best Email [redacted]

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

☐

Physical Health and History:

How would you describe your overall physical health?

good overall physical health

Please list any relevant medical history

Year Event Treatment Outcome N/A

Please list any current diagnosed conditions and treatments

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

If you experience chronic pain, please describe:

Location Frequency Intensity Duration Description

N/A

Energy and breath:

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

When do you usually sleep (time asleep and time awake)? sleep at 10:30 - 11:00pm, wake up at 7:30AM

How would you describe the quality of your sleep? good but could be better

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

Do you have any breathing challenges not mentioned above? NO

How would you describe your breathing? Great

□

Mental Health and History:

Please list any current mental Health diagnoses and treatment: N/A

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

Wisdom and Intellect:

What are the major sources of intellectual stimulation and engagement in your life now? Self improvement books or conversations with being a great leader in the workforce

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

What would you like to learn and/or teach? anything to help further self development

Do you have a religious/spiritual orientation? Yes

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

nature, family, praying, meditation, music, morning affirmations

Do you fell connected in meaningful ways?

yes

Do you feel that you know why you are here?

yes

What should I know about your belief system or worldview?

I am Catholic

Yoga History:

Do you have any experience with yoga/meditation? Yes

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

What is your primary motivation for seeking yoga therapy? bestress, be still - present, listen to my body