YOGA THERAPY HEALTH HISTORY & INTAKE FORM

Welcome! I look forward to working with you. Our first step is to identify how to support you in reaching your goals through Yogic-based practices, including movement, breathing practices, meditation, guided relaxation and more - a customized plan just for you!

Please keep in mind that our work together is about you. You are a full participant on this journey. Your answers here will enable us to co-create a focused plan to support us in safely and successfully work toward your goals. When we meet, there'll be ample time to address any questions or concerns that require more detail and discussion.

NOTE: All information you share on this form or during our sessions will be kept strictly confidential and will never be shared with a third-party unless we mutually agree to do so.

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WHAT IS YOUR EXPERIENCE WITH YOGA?

I started doing yoga (off and on) during my late 20s and I may drift away but I always come back to it

WHY ARE YOU SEEKING SUPPORT THROUGH YOGA THERAPY NOW?

I am in a life transition (retirement) and I need to regulate my energy and trust my intuition.

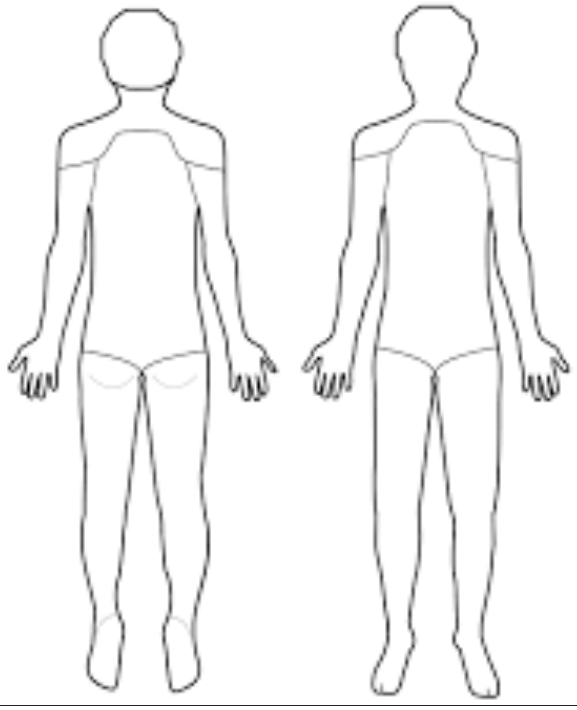
WHAT ARE YOUR PRIMARY HEALTH / WELLNESS CONCERNS?

My mental health is my biggest concern. I struggle with anxiety from past PTSD.

ARE YOU CURRENTLY UNDER THE CARE OF A DOCTOR OR ANY HEALTHCARE PROVIDER(S)?

I do see a therapist

DO YOU CURRENTLY HAVE ANY PHYSICAL PAIN? IF YES, PLEASE NOTE BELOW WITH AN 'X
ADD DETAILS HERE.



ANYTHING ELSE YOU WANT TO SHARE ABOUT YOUR MEDICAL HISTORY?

I have NCGS that can contribute to digestive issues

WHERE DO YOU TYPICALLY HOLD TENSION OR DISCOMFORT IN YOUR BODY?

In my stomach

STRESS ASSESSMENT

The following questions are intended to give us a baseline for where you're feeling challenged in your daily life. Please note your current stress level (Scale of 1 = Low & 5 = High) for the following areas:

HOME 3

WORK-RELATED 2

PRIMARY RELATIONSHIPS 4

HEALTH/WELLBEING 3

FINANCES 2

ADD DETAILS HERE (OPTIONAL)

WHAT DO YOU DO NOW TO COPE WITH THESE STRESSORS?

On a good day I go to the spa or bike/walk and on a bad one I have wine and fuss at my husband :(

GETTING TO KNOW YOU

WHAT MAKES YOU SMILE? BRINGS YOU JOY?

A hug from a daughter, picking wildflowers, a good hike, a campfire, the glooming, and chocolate.

DO YOU HAVE A SPIRITUAL PRACTICE? IF NOT, NO WORRIES

Yes but I ' ve called it by different names. It ' s being in touch (nature prayer or mediation) with…?

ANYTHING ELSE YOU'D LIKE TO SHARE ABOUT YOUR VALUES OR WORLDVIEW?

I have spent a lifetime of taking good care of others. I need to take care of myself.

WHAT RESULTS DO YOU WANT TO GET FROM YOGA THERAPY? IT'S OK TO ONLY HAVE A ROUGH IDEA. WE'LL DISCUSS YOUR OBJECTIVES WHEN WE MEET.

I ' d like to learn how to relax and take really good care of myself. Reduce anxiety

WHAT MAKES YOU FEEL MOTIVATED AND EMPOWERED WHEN STARTING SOMETHING NEW?

A great mentor or teacher and a new notebook!

IS THERE ANYTHING ELSE YOU'D LIKE TO SHARE WITH ME ABOUT YOU?

It ' s perfect timing for me and I ' m excited to begin

MANY THANKS FOR TAKING THE TIME TO COMPLETE THIS FORM. I LOOK FORWARD TO CONNECTING WITH YOU TO EXPLORE HOW WE CAN WORK TOGETHER TO ACHIEVE YOUR GOALS AND NEEDS.