11/2/23
4-5:30p

Name
Phone number
Email address
Address
Date of birth
Emergency contact
Emergency contact phone
Occupation
Referred by

Yoga therapy uses the principles and tools of yoga, applied to the individual (you), with a specific physical, emotional or spiritual goal in mind.

Please consider the following questions. The answers can be written or discussed. Please ask if you have any questions about anything here.

6p-7:30p

What is your yoga experience? [include experience in asana (physical postures), pranayama (breathing practices), yoga philosophy, or meditation]

ASANA little bit from in person classes + video home; prefer physically active -dynamic flow
prana - some breathing practices - learned to synchronize
philosophy - Y12SR - feel more connected - practice alone outside
meditation - struggled for years - books, me - started w/breath, sense check-in
walking meditation, trataka

Do you have a regular yoga practice? Not right now

What are your goals/expectations for your yoga practice?
phys - ↑ flex + endurance, stamina
spirit - ↑ in touch w/ meditative breathwork

- anything you hate?
recruiting neck muscles
do different exercises
- or really like?

-alignment right or wrong
mostly upperbody

*talk about alignment

What aspects of yoga interest you?
Asana - pranayama (breathing practices) - philosophy - meditation

proprioception

interoception

Describe your current level of physical activity or exercise.

up to 5d/wk weights, running, HIIT
active / static stretching
(begin) (end.)

sometimes mobility drills
≥5x/wk

-not running - ↓endurance than years ago
-lifting weights

visualizing??

Aphantasia
quiz

scale ~~10 day~~ NOW = 3 avg = 6 Perceived stress scale

How would you rate your level of stress? How do you respond to stress? What has worked for you to reframe / release / relieve stress?

Breathe
Not identify w/
- exercise (connect w/ HP)
- food
- talking (is spiritual)

Good: challenge
Neg: ↑BP
: take charge
: Breathe to calm
: Do what I can to alleviate

"not mine"
Breathe
+ positive energy
move on

What medical conditions have affected your health in the past? Please note which conditions currently affect you.

PAST Fixed w ↓ carb ↑ H_2O

- ~~Diabetes~~
- ~~Osteoporosis~~
- a little Spinal disc problems
- Joint pain* L knee, R hand
- Pregnancy PAST
- ~~Hypermobility~~
- ~~Recent surgery*~~
- Other* allergies
- ~~Thyroid conditions*~~
- ~~Arthritis*~~
- ~~Asthma~~
- ~~Heart condition~~
- ~~Cancer~~
- ~~Depression~~ PAST
- High / ~~Low blood pressure*~~
- ~~Scoliosis~~
- ~~Migraines* (trigger?)~~
- ~~Seizure~~
- Neck / Back pain* occasional due to back break
- ~~Anxiety~~

Breathing + reframing
interoception
Where do you feel it?

Are you under the care of a physician or MH counselor? For?

Allergy

What medicines or supplements are you currently taking?

C, D, Mg
collagen
B comp
B 12
iron

Do you smoke? In the past?

Vape
Off + on 24y (cigarettes)
Quit ~40 ~y ago

~~Do you drink alcohol~~? In the past? Drug use? In the past?

Yes Yes
27 years

Are you in recovery from any addiction, behavior, or relationship?

Yes

Are you working on or in treatment for any MH/Psych issues?

Do you consume caffeine? At what time of day?

Yes 8a ~~eq~~ p water
1-2 in AM
Sometimes in afternoon
occasionally night

Ø pickles, olives

Describe your diet.

I eat food - meat, veg, cheese, eggs - whole food, mostly
occasional pizza
avoid sugar for stretches of time
2 typically meals/day Ø in AM

Please describe your energy level.

pretty good exc. a few days/mo. (bad periods)
↑ energy since eating less processed food, more fr/veg (Noom)

Do you go to sleep easily? Stay asleep? Wake feeling rested? Nap during the day? Do you have a typical sleep schedule?

most of the time NO NO NO 10:30 ↓ 11:30 M-F 6-6:30 Sa/Su 8

bouts of insomnia
go back to sleep easily
don't wake up easily

Nidra

What do you do for fun?

not recently trail running
NA Sp. Events
not recently Kayak
fish
being outside
read
watch silly stuff
play w/dogs
did tough mudder race

Do you have any spiritual practices?* What spiritual practices are (or have been) meaningful to you?

the most important valuable

trail running, hiking, yoga
being outside
connect w/ universe
moon, stars, send people positive, healing energy

Is there anything else you would like to share?

trauma

Goals for yoga therapy

yoga nidra
add to daily activities interoception
- spiritual connection
Being present
21 day med starts Mon. 11/6 - body scan

~~Set~~

Life goals / general goals

Are there any goals you are working on right now?

- learning to detach / Al-anon, sponsorship fam.
- training for Spartan Race - ↑ fitness / Map my run app w/ others
- paying off credit cards / accountability partner

→ progress - not checking location / much progress + much less stress

Yamas

Goals
paying off debt

(13) 11/2/23

Perceived Stress Scale

A more precise measure of personal stress can be determined by using a variety of instruments that have been designed to help measure individual stress levels. The first of these is called the **Perceived Stress Scale**.

The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our perceived stress. The questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives:
0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

2 1. In the last month, how often have you been upset because of something that happened unexpectedly?

1 2. In the last month, how often have you felt that you were unable to control the important things in your life?

3 3. In the last month, how often have you felt nervous and stressed?

0 4 4. In the last month, how often have you felt confident about your ability to handle your personal problems?

1 3 5. In the last month, how often have you felt that things were going your way?

2 6. In the last month, how often have you found that you could not cope with all the things that you had to do?

1 3 7. In the last month, how often have you been able to control irritations in your life?

1 3 8. In the last month, how often have you felt that you were on top of things?

1 9. In the last month, how often have you been angered because of things that happened that were outside of your control?

1 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?