hush studio

Yoga Therapy Intake + Assessment Form

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.

PERSONAL DATA

First name: KR _____ Last name: _____

Address: _____ City/State: NJ _____

Phone Number: _____ Email Address: _____

DOB: _____ Age: 52 Receive Newsletter? Y N

Occupation: _____ Pronouns: _____

Emergency Contact: _____ Phone: _____

How did you hear about *Hush Studio*?

_____

GOALS

What does optimal health mean to you? It means waking up everyday feeling good in my body, feeling good in my relationships w/ family, friends and myself, knowing how to manage stress and conflict and being happy.

What is your previous yoga experience? I'm a 500-hour RYT and practice consistently between Hatha, Vinyasa and Yin. I've been practicing Yoga in some way since I was a kid.

What is your reason for seeking out Yoga Therapy?

I'm seeking Yoga therapy to learn how to manage my emotions better, particularly in my marriage and learn how to maintain boundaries, protect my power and my peace so I don't live on an emotional roller coaster;

What are your goals for Yoga Therapy? above; I'd also like to add that I'd like to explore ways Yoga Therapy in general can help with overall mental wellness, decreasing anxiety and help to manage intermittent bouts of depression and body image issues.

MEDICAL HISTORY

Please list your current and previous health conditions. Please include medical diagnoses, surgeries, accidents, injuries, etc. w/ approximate dates:

hypertension x 17 years (since pregnancy)
plantar fasciotomy (L foot) x 3 years
L-4/L-5 laminectomy w/ spinal fusion x 3 yrs.
C-Section (2008)

Are you seeing anyone for treatment of one or more of these issues? (Please explain)

HTN w/ GP

Please list your current medications, dosages and any supplements you're currently taking:

Amlodipine 10 mg — Synthroid 100 mcg
Benazapril 10 mg — Vit D
Lexapro 10 mg — Vit B12

What do you consider to be your strengths in terms of your current health and wellness?

I think my strength is that I have a passion for health and wellness - I love to learn, have a Masters Degree in Fitness and Nutrition and pursuing health is my career and my hobby. I never get tired of learning and trying new things.

DIET AND LIFESTYLE HISTORY

Please describe your typical eating pattern. What do you typically eat for breakfast, lunch, dinner and snacks? Lately I've been eating very healthy as I've recently lost 30 pounds and have been very diligent w/ tracking; I'm still on a mission to lose 30 more to get back down to a weight I'm happy at.

Do you drink alcohol? If so, how much? wine on weekends though I've cut it out mostly as of January

Do you smoke cigarettes or cannabis? If so, how often? N/A

How much water do you drink daily? a lot - prob 1-2L at least

Do you drink coffee or other caffeinated beverages? If so, how many cups/day or caffeine/day?

1 cup of coffee every morning

Do you follow any specific types of diet such as Keto, Paleo, Ayurvedic, etc? If so, please explain: I'm following a calorie restricted diet broken into 40/30/30

How is your digestion? Do you have daily, regular bowel movements? Yes, all good

Do you have a daily physical exercise routine? If so, can you describe? I try to incline walk on my treadmill daily for 30-60 min and track my calorie burn w/ my Applewatch. I practice yoga as often as I can but it varies week to week.

What are your favorite physical activities or movements? Hot Yoga, biking, walking my dogs

Please describe your sleep habits. Do you generally sleep through the night? Do you remember your dreams? Can you tell me more about this and what it could possibly tell you?

I generally sleep 10-6am; I don't typically remember my dreams, and I have a tendency to wake up at about 4-5am feeling stressed out about the day ahead.

Do you feel rested when you wake up in the morning? Mostly

Please describe your overall energy level. Does it fluctuate or stay consistent? When are you the most energized throughout the day? Least energized?

I'm mostly energized from about 8am-12pm and always get tired around 2-3pm. My energy levels go back up around 5pm throughout the evening.

STRESS MANAGEMENT

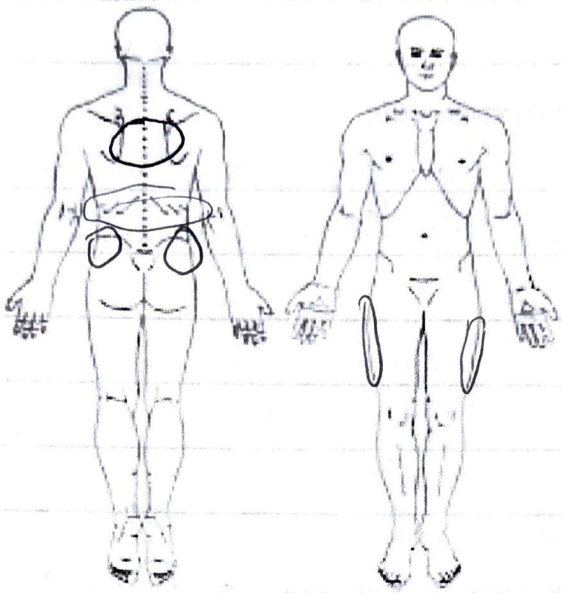
Where do you hold tension in your body (please circle below)? lower back, hips, sometimes upper back

Where do you experience physical pain, stiffness or discomfort in the body (please circle below)?

lower back stiffness

tightness in hips

IT bands



What relieves this pain or discomfort for you? stretching, resting

What makes it worse? too much exercise, standing for long periods of time

What are your perceived stress levels? depends on the day and time of day

What external factors tend to cause you stress? other peoples' moods (my husband and daughter), financial situation, traffic (I drive a lot)

How do you typically manage your stress? reminding myself I'm ok and breathing, laying down w/ my dogs, removing myself from the situation if it's possible

Do you experience sadness, anxiety or depression? If so, how do these feelings manifest in your body? Yes - all of the above.

What life challenges are you currently facing? Unstable marriage, grief from my Mom passing away, career/finances - all of this leads to a high level of uncertainty

What aspects of your life give you the most joy and pleasure? Spending time w/ my daughter, traveling, my pets

How are your relationships currently with:

Family: good relationship w/ one brother and family; distant w/ my other brother

Spouse: very on and off; divorce has been considered

Children: great :)

Friends: great :)

Co-workers: good

Other: N/A

If you could change a habit, what would you change? I would change my indecisiveness. I tend to hem and haw too much about life changing decisions bc I become afraid it'll be the wrong one.

How would you define the word *spirituality*? For me, spirituality means my connection, relationships and purpose in this world. What is my role here on Earth? How can I be of value here? I'm not religious at all but I feel my spirituality in Nature and yoga.

How do you express your spirituality? I think I express it in a variety of ways including my yoga practice and studies, through my parenting, how I show up for my friends and caring for animals and loved ones.

What in life gives you the most fulfillment? I think having a successful career does but COVID destroyed my business; I think planning trips and traveling w/ Sophie gives me the most fulfillment. I also love taking care of my pets (3 dogs, 2 cats).

What do you do for fun? Please describe: Go to dinner w/ friends, practice yoga, I love to read, cook, hang out w/ Sophie, take walks w/ my dogs, watch funny movies

And what do you do to relax? Please describe: I like to lay in bed and read or watch whatever show I'm binging

Care Plan Goals - By the end of our work together, can you tell me three things that you would like to accomplish or be different?

① I'd like to let go of my anger towards all the trauma I have from → for learn better ways to cope

② I'd like to learn tools to consistently show up for myself as a priority, (COVID (losing business, my mom, moving)

③ I'd like to develop emotional resilience and regulation to deal w/ my life and be a happier person.

Is there anything else you would like to share with me? If so, please explain.

Waiver of Consent

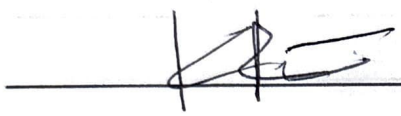
I KR (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

I KR (print name) acknowledge that the instructions and advice presented by the instructor are in no way meant to be a substitute for a medical examination, diagnosis and counseling from your healthcare professional. Consult your healthcare professional before beginning this or any other healthcare program. Information exchanged during any Yoga therapy session is educational in nature and is intended to help me become more familiar and conscious of my health status and is to be used at my own discretion.

I KR (print name) acknowledge that participation in this program may involve some risk of injury due to the nature of the activity. In consideration of my acceptance of this program, I do hereby release and forever discharge for myself, my heirs,

executors, and administrators, any and all claims to collect damages against **Dhyana Wellness LLC** or her representatives, employees, agents or officials, sponsors or any officials of this program. I further represent that I am in a good physical condition and as such am able to participate in this program. I promise to practice yoga mindfully.

Signature of Client, Parent or Guardian



Date 5/12/25

Thank you so much for taking the time to complete this Intake Questionnaire. It will be very helpful in developing an organized, thoughtful and effective treatment plan. Please let us know if you have any questions.

We look forward to working with you!