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 Yoga Therapist Intern.

Client confidentiality will be observed under all circumstances.

If you do have any questions please contact your Yoga Therapist Intern:
Raji Sundararajan
sattvayoganovi@gmail.com
(214) 755 1578

Goal(s) and Yoga experience

Describe your primary reason(s) for seeking yoga therapy. *

Pain Management, Physical Health, Mental Health

What are your goal(s) for our time together? *

To be able to use breathing and meditation for pain management to help with my physical and neurological recovery. To improve my focus and attention. Reduce distractions and unhelpful thoughts.

Are you familiar with yoga?

- (●) Yes
- ( ) No
- ( ) Other:

If you answered yes to the above question, please describe your experience with yoga.

IYTA Hatha Yoga Teacher, regular practitioner

What is your experience with the following yoga practices?

	limited	moderate	experienced
Physical postures	○	○	◉
Relaxation	○	○	◉
Breathing techniques	○	○	◉
Visualization/Imageries	○	◉	○
Meditation/Centering	○	◉	○
Wisdom studies	○	◉	○

How interested are you in Yoga practices to support the following goals

	Not Interested	Moderately	Very Interested
Physical health and wellbeing	○	◉	○
Mental health and resilience	○	○	◉
Stress reduction	○	◉	○
Enhanced quality of life	○	◉	○
Improved focus	○	○	◉
Spiritual growth	○	◉	○

Physical health

How would you describe your general health?

- ○ Great!
- ○ Good
- ◉ Okay
- ○ Fair
- ○ Poor

Do you have any specific diagnosed condition(s) from a health care practitioner? If yes, please describe your diagnosed condition(s).

T-12 Spinal Cord Injury, Paraplegic

Are you currently under the care of a doctor or other healthcare provider for the above diagnosed condition?

- (●) Yes
- ( ) No
- ( ) Other:

How long have you had the above diagnosed condition(s)?

11 months

Do you have any limitations due to the diagnosed condition(s)? Please describe.

Lack of control and sensation below waist

Do you have any contraindications due to the diagnosed condition(s). Please describe.

Prone pressure sores, back pain, nerve pain, spasms

What life challenges are you currently facing?

Life altering injury causing a disability

Please list the prescription or non-prescription drugs you are taking and describe what they are for.

medication for nerve pain (pregabalin) and spasms (baclofen)

Are you able to easily get up and down from the floor

- ○ Yes
- ○ No
- ◉ Other: Yes, but nor easily

Do you have physical pain? If yes, please list the places you experience pain and feel free to elaborate on them.

Lower and middle back, right hamstring and quad

Do you have a regular exercise program? Please describe:

Yes, upper body strengthning, weight support gait training, walking and stepping with KAFOs

How would you describe your diet and digestion?

I eat a high fiber/protein diet to support nutrition needs, my digestion is effected by the SCI, so bowel movement does not occur naturally

Energy and Breath

How would you describe your overall energy level? Does it fluctuate or stay consistent?

Low

What time of day do you have the most energy?

- [ ] Morning
- [x] Midday
- [ ] Evening
- [ ] Night
- [ ] Other:

What time of day do you have the least energy?

- [ ] Morning
- [ ] Midday
- [ ] Evening
- [x] Night
- [ ] Other:

Describe your rest/sleep patterns?

I get good night sleep every other day, its not consistent

How would you describe the quality of your sleep?

- ○ Great
- ○ Good
- ○ Okay
- ○ Fair
- ◉ Poor
- ○ Other:

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

Yes, due to my injury I am always fatigued, I have to rest often

How would you describe your breathing?

Normal and healty

Do you have any breathing challenges? If yes, please feel free to describe your breathing challenges.

No

Mental health

Please list any current mental health diagnoses and treatment.

None

Please explain any relevant mental health history you think I should know.

None

If you did not include prescription or non-prescription drugs you are taking for mental health, please list and describe what they are for.

None

How would you rate your stress level?

- ○ Low
- ◉ Moderate
- ○ High
- ○ Very High

Please describe the current sources of stress in your life

- ☑ Health-related
- ☐ Work/study-related
- ☐ Relationship stress
- ☐ Financial stress
- ☑ Concerns about the future
- ☐ Other:

Where do you typically hold tension or discomfort in your body?

Shoulders, Jaw

Please describe your practices and coping mechanisms for handling stress.

Meditation, physical activity

How often do you experience

	seldom	occasionally	frequently
Anxiety	◉	○	○
Sadness or depression	○	◉	○
Anger or frustration	◉	○	○
Other distressing feelings	○	○	○

On a scale of 1 to 4 how often do you use the following

	never	Infrequently	moderate	frequent use
Cigarettes/tobacco products	◉	○	○	○
Alcohol/Recreational drugs	◉	○	○	○
Coffee/Tea/Energy Drinks	○	○	◉	○
Over-the-counter medication	○	◉	○	○

Wisdom and Intellect

What are the major sources of intellectual stimulation and engagement in your life now?

Reading, interaction with people, learning new skills, learning about technology

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

Hands on practice

What would you like to learn and/or teach.

AI applications

Connection and Meaning/Purpose

Are you active in a faith community or maintain any regular spiritual practices? If yes, please feel free to share your spiritual practicees.

No

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

Nature, Community, Family

Do you feel connected in meaningful way? Please describe.

Contribution with my physical acts and service

What aspects of your life give you the most joy and meaning?

Deep connection with friends and loved ones

What, if anything, should I know about your belief system or worldview?

Agnostic

What is your social support system?

Family and Friends

Is there anything else you would like to share to best support you?

How much time (each day/week/month) can you devote to your own personal yoga practices?

A few hours a week

When are you available for yoga therapy sessions (days and times)?

N/A