STILL WATERS

THERAPEUTIC YOGA

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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.

YOGA THERAPY INTAKE FORM

Date: 5/17/24

BASIC PERSONAL INFORMATION
Name: [redacted]
Home Address: [redacted]

Preferred Contact Phone Number:
- May I leave a message? Yes / No

[redacted]

Preferred Email Address:

[redacted]

Profession: Economist (Retired)

Age: 79

Your Gender Identity and Personal Pronoun(s): F

Emergency Contact:

[redacted]

Racial and/or Ethnic Identity:

How important is this to include in your yoga therapy?
0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Not at all — Must be included

What religious or cultural practices were you raised in? Not Raised but Raised Presbyterian ⟶ Evolved into general Spiritual practices which I use daily.

How important is this to include in your yoga therapy?
0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Not at all — Must be included

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 visit

Please also bring a Yoga mat and wear comfortable clothing.

Client confidentiality will be observed under all circumstances.

If you do have any questions, please contact your practitioner: Angela @ (202) 891-9234

matysiaka@yahoo.com

PERSONAL HISTORY

How would you describe your general health?

Poor -- Fair -- Okay -- Good – Great

For what issue, concern, or specific condition are your seeking yoga therapy?

Knee pain

- How long have you had this? 6 months

On a scale of 0-10, please rate the amount of pain that you associate with your concern:

main pain is going upstairs, sometimes I need to take a couple aspirin. But like to not have any pain

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

None worst ever

On a scale of 0-10, please rate the amount of stress that you associate with your concern:

I am under stress generally trying to look out for my husband's health

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

None worst ever

Are you currently under the care of a doctor or other healthcare provider? Y/N by my Cardiologist

If yes, please identify the provider(s) and the condition(s) you are being treated for:

Was being treated for a-fib + premature atrial contractions. Seem to have gotten rid of those on my own (I have been an avid student of alternative therapies (mostly from reading until I find something that works) for decades. Am getting rid of heart issues with magnesium - trans-dermal and ingested

Please list any other relevant medical history (major injuries, hospitalizations, surgeries, chronic conditions, or limitations) not listed above:

Used to have terrible arthritis for about 10-15 years. Got rid of that through diet (mostly produce) and vitamins. Had Left hip replaced (twice) - wore out the first replacement + had to have it re-done

Are you currently being seen by a mental health provider? If yes, please identify the provider and the condition you are being seen for:

no.

Please list any prescription or non-prescription medication you are currently taking:

Medication	Reason for taking
None	

What is your use of complementary and integrative health (CIH) – supplements, herbs, use of other CIH practitioners and healers?

I have used many over the years. Now mostly Cal-mag-zinc. About to start Collagen Supplements to see if they can help my knees. I also take magnesium (trans-dermal as well as pill form at times) + Vitamin B supplements - also C + D

Lifestyle and Wellness

Do you currently exercise? Y/N If yes, please describe your current program:

Run up + down stairs many times a day. Plus I am a fast walker Everywhere I go.

Are you familiar with Yoga? Y/N If yes, please describe your experience:

I have had very little yoga experience - But when I go to bed stressed I try to think "Yoga" and to go "out there somewhere" and relax and clear the stress."

Do you have a relaxation and/or meditation program? If yes, please describe:

No. I do whatever comes to me

Do you drink alcohol? Y/N
If yes what's your typical pattern: I come from/grew up in a tea-totaling family

Do you use tobacco products? Y/N
If yes, what's your typical pattern?

Do you use non-prescribed (illicit) drugs? Y/N
If yes, what's your typical pattern?

Do you struggle with other behaviors that feel addictive (gambling, porn, over-exercising, over- or under-eating, etc.)? No

What foods do you crave or eat when...

-stressed: If I am in pain, I load up on Veggie-based smoothies, watermelon, etc.

-bored:

-happy:

Do you feel your diet needs improvement? Y/N
-If yes, how? I eat virtually all my meals at my husband's nursing home, so I don't get all the foods I usually eat in the quantities I like to eat them

How would you rate the quality of your sleep?

Poor -- Fair -- Ok -- Good -- Great

Are there any other habits you would like to change?

How is your overall energy level?

Poor -- Fair -- Ok -- Good -- Great

What time of day do you typically feel most energized?

all day long

What words best describe your breathing? (Please circle/ underline any that apply)

Full, deep, easy, steady, slow, long, calming, even regular, sustaining
Sharp, short, fast, loud, forced, irregular, tight, restricting
Shallow, silent, unfulfilling, flat, empty, weak, depleting

Other(s): When I am having heart issues my pulse is irregular and I feel a premature thump in my chest. I carry a ~~do~~ pulse oximeter with me for feedback

Do you have any breathing challenges not mentioned above? Y/N
If yes, please explain:

What is your current level of stress?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

No stress at all — Couldn't be more stressed

What tends to bring on or trigger stress in your life?

Mostly concern over my husband's health — (in the Universe)

How do you typically handle stress?

I go to bed and try to go "out there" mentally where the world is calm. (Universe)

What are the predominant emotions in your life? (Please circle/ underline all that apply)

Absent Despairing Exhausted Hopeless Numb Overwhelmed Terrified Unloved Without Alarmed Envious Frightened Judgmental Overdoing Pressured Troubled Unwanted Worried Free Grateful Happy Joyful Kind Loving Playful Relaxed Trusting Whole

Other(s):

Have you experienced a life-threatening event, serious injury or sexual violence...

- Directed at yourself Y/(N)
- Witnessed happening in person to someone else Y/(N)
- Learned it happened to a close family member or loved one Y/(N)
- Repeatedly heard details in an occupational role (ER tech, police, etc.) Y/(N)

Who makes up your social support system? (e.g., family, friends, health professionals, support groups, etc.)
& don't have family except husband

How would you describe the quality of your social support? Do you have someone to call in on in case of an emergency at 3 AM? - Most of my friends are way out of town, but yes I could call them.

What in your life gives you meaning and purpose?
Helping other people + connecting with them

What do you like to do for fun?
"Play" with my husband. All life together for us is play.

Do you have a spiritual practice? (Y)/N
If yes, how would you describe the spiritual dimension of your life?
It underpins absolutely everything. I worked at the Library of Congress my entire life, and a friend and I spent 45 years reading through the entire collection of books on metaphysics. We also spent weekends and some evenings attending classes on various metaphysical approaches, and spent 45 years of lunches discussing everything we were learning.

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

I always lead with my spiritual belief & if I need help, I pull techniques from trunk loads of them I have picked up over the years. I also have my M.A. in Guidance & Counseling (information) which adds a lot to everything else I have learned.

What do you hope to get out of a yoga therapy session? What are your main goals?

To see if I can pick up some ideas & techniques to help my knees not hurt when I go up & down stairs (2 flights every time I go between floors 1 & 3 in our house)

Is there anything else you'd like me to know before we start our work?

I think this pretty much sums up who I am.

Thank you for completing this Intake Questionnaire.