Yoga Therapy Intake Form

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 on our work together, you can add additional information you would like to share at the last page.
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.
Please fill out this from and bring it to your first session. You can contact me if you have any questions.

Name Stephanie [redacted] Date June 10, 2023

Address (option) [redacted]

Phone number [redacted] Can I leave a voice message? Yes

Email [redacted]

What is the way to communicate? ☐ Email ☐ Phone x Other - Text or Message

Profession Retired Drama Teacher/Former Actress

Weight 107 lbs Height 5'2"

Date of Birth September 22, 1952

Emergency Contact Name: [redacted]
Phone number: [redacted]
Relationship [redacted]

What are your reasons for seeing a yoga therapist?

Health conditions, stress release

Are you familiar with Yoga? Yes

If yes, what is your experience?

How long? On and off for 50 years

Type of yoga? Hatha, Yin, Restorative

Do you currently exercise?

☐ *Regularly* x *Occasionally* ☐ *Infrequently*

Please feel free to describe what kind and how often.

Yoga. When I am not in pain, I take yoga classes and walk. Due to my condition, how often is inconsistent.

How would you your general health?

☐ *Great!* ☐ *Good* ☐*Okay* ☐ *Fair* x *Poor*

Nightime spasms and muscle cramping leads to fatigue and chronic pain.

Do you have injuries or limitations? I have Stiff Person Syndrome, osteoarthritis, and osteoporosis, spinal and cervical stenosis.

Please briefly explain any specific condition you seek to improve through Yoga Therapy. Stiff Person syndrome and osteoarthritis.

Are you currently under the care of a doctor or other healthcare provider?

x Yes ☐ No

If yes, please identify the reasons and provider(s):

Neurologist and physical rehabilitation therapist - Botox injections for stiff person syndrome. Decided not to do IVIG infusions.

Cardiologist -High blood pressure and cholesterol - No longer an issue due to medication management

Pulmonologist - Bronchiecstasis - Non contagious mycobacterium avium complex (MAC)

How long have you had this condition?

30 years plus

How would you rate your stress level?

☐Low ☐ Moderate x High ☐ Very high

Please feel free to describe the current sources of stress in your life.

My adult son lives with me. He has OCD and is a hoarder. He also has bipolar disorder. He is a nutritionist, and treats his conditions with functional medicine.

Please describe how you are handling stress. Yoga, Mindfulness, Breathing, and 12 step programs.

Are you able to easily get up and down from the floor? ☐Yes *x* Sometimes

Do you feel your diet needs improvement? ☐Yes *x* No I mainly eat a plant

based diet and need to remove dairy from my diet to reduce inflammation

Do you currently use tobacco products? ☐Yes *x* No

Have you ever used tobacco products? *x* Yes ☐ No

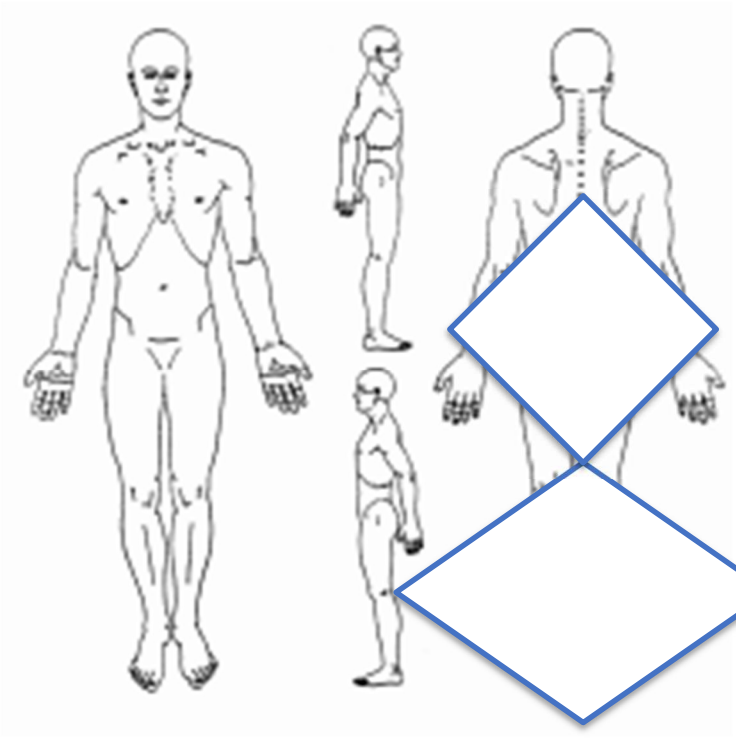
Do you inhale smoke in any form (tobacco, incense, marijuana)? ☐Yes *x*No

How would you describe your social support system?

☐ Exceptional ☐ Strong ☐ Okay x

Marginal ☐ Poor

Do you have physical pain? xYes ☐ No
If yes, please mark the places you experience pain in the image.



Please let any relevant physical and mental history (major injuries, surgeries, hospitalizations)

YEAR	CONDITION DIAGNOSED	TREATMENT	Current Status
2002	Spinal Stenosis	Physical Rehabilitaion	Inactive
1996	Stiff Person Syndrome	Yoga, Walking, Botox injections,acupuncture, muscle relaxants if needed	Active
1999	Osteoarthritis	Heat, magnesium hot baths, yoga stretches, breathing, meditation	Active
1999	Cervical herniation	Neck physical therapy and sessions	Last relapse 2023
2021	Scoliois, kyphosis, lumbar lordosis	Physical therapy	Changes in alignment
2012	Osteoporosis	Functional medication - Ossopan	Lumbar spine,femur, and hip
2018	Bronchiecstastis/ MAC	Saline nebulizer, air aerobika	Progressive

2014	**Chronic Ideopathic Constipation, Diverticulosis, Hiatal hernia, Dsyphagia**	**Medication Management - Trulance, Plant based diet**	**Active**
2017	**Tranischemic stroke, left cerebellar infarction, arteriosclerosis, high blood pressure, hyperlipidemia**	**Plant based diet, medications - atacand, repatha and ezetimibe**	**Managed**

Please explain any mental health history if you have any.

Major Depressive Disorder - I am medication intolerant and have had transcranial magnetic stimulation. There has never been any suicidal ideation. Depression runs in my family.

Please check any of the following conditions or issues that you have experienced:

☐ back pain (low, mid upper) **yes to all three**	☐high blood pressure **Medication Management - candesartan**	☐insomnia **Due to night time cramping and muscle spasms**
☐disk /spinal problem **☐There is spinal degeneration througout my spine**	☐stroke, **left cerebellar infarction** **Medication Management - Baby aspirin, repatha, and ezemtibe**	☐nausea & indigestion **Due to gastrointestinal reflux and difficulties swallowing**
☐muscular injuries **☐due from Stiff Person Syndrome**	☐ Low blood pressure	☐elimination problem **Chronic idiopathic constipation - Medication management - Trulance**
☐leg /foot pain crams **Frequent due to Stiff Person Syndrome**	☐ dizziness / fainting	☐ diabetes
☐ circulatory problems	☐fatigue **Fatigue due to Stiff Person Syndrome and Bronchiectasis**	☐ physical abuse
☐ heart problem	☐ headache	☐ sexual
☐ edema (swollen hands/feet/veins)	☐ asthma	pregnant ☐Yes ☐ No due date:
☐Arthritis **Osteoarthritis**	☐respiratory problem **Bronchiecstasis and non contagious tuberculosis (MAC)**	
☐ Cancer	☐anxiety **Symptom of Stiff Person Syndrome**	
	☐depression **Symptom of Stiff Person Syndrome**	

Please list any prescription or non-prescription drug you are taking, and what for?

Atacand 1 8mg tablet daily - high blood pressure
Baby aspirin - 81 mg - high cholesterol
Repatha - bi-weekly injection - high cholesterol
Trulance - 1 3mg tab as needed - chronic idiopathic constipation
Ossopan - Functional medicine for osteoporosis
Low dose naltrexone - Pain management - 1 6mg daily
Ketamine/lidocaine - as needed for pain
Sodium Chloride nebulizer - 0.9 nebulizer solution, 3x a week
Aerobika - inconsistent use of Device to clear mucus

Energy and Breath

What time of day do you have the most energy?

x Morning ☐ Mid-day ☐Evening ☐Night

Please share anything you'd like to tell me about your energy level

It is very low right now due to chronic pain and bronchiecstasis

When do you usually sleep (time asleep and time awake)? 12 am - 7 am - 7 hours of sleep - wake up at least 4 times nightly due to lower limb spasms and cramping

How would you describe the quality of your sleep?

☐Great ☐ Good ☐ Okay ☐ Fair x Poo

If you experience fatigue, please describe its impact, frequency, and what you do to manage it. I push myself through the day and avoid daytime naps. I sometimes do savasana or the deep relaxation pose.

Do you have any breathing challenges? ☐Yes *x* No **Even with bronchiecstasis, my oxygen level is 97%**

How would you describe your breathing?
Shallow. Often do not take deep breaths/

Wisdom and Intellect

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

Reading scientific studies that deal with alternative treatments to my illnesses. I do not handle Western medication well.

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

Using the instapot to prepare vegetarian meals.

What would you like to learn and/or teach?

I would like to learn exercises to release spasms and cramping. I am learning how to set up a business to sell prior owned like new stuff on Poshmark and E-Bay.

Connection and Meaning/Purpose

Do you have a religious/spiritual orientation?

Daily prayer and meditation are important to me. Chanting is an important part of my life. The chanting is linked to my yoga practice.

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

Healthy eating and lifestyle, gratitude, and encouraging my adult son with mental illness towards independence. I grew up in a dysfunctional addictive family, and I am closer to friends than family

Do you feel connected in meaningful ways?

Due to my poor health and current condition, I feel isolated right now

Do you feel that you know why you are here? (Alive on Earth)

Sadly, I have no idea right now what my purpose is. My condition severely keeps me separate from the outside world.

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

Although I am very discouraged right now, my spiritual practice allows me to recognize that I am not my thoughts.

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

I very much want to find a community and find my way back to the world.