

Lil Harris Yoga Therapy

New Client Intake Form

Thank you for taking time to share a little of who you are with me. What you include in this form allows me to better prepare for our meeting and tailor services to meet your needs. What you choose to disclose is up to you. If any question feels overwhelming, skip it and add it to our conversation when we meet. I suggest allowing 15-30 minutes to complete.

Our work will be to identify and support your goals of enhancing your health and well-being through 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.

Our work is client-centered, meaning you are a full participant in the journey. 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.

All information will be strictly confidential. Nothing will be shared with a third party without your consent and mutual agreement.

Name: Kimberly [REDACTED] Address: _____

[REDACTED] 310 Hickory Hill Rd, Ashland Va, 23005

Email: [REDACTED]

Phone: [REDACTED] 801-515-6970 Permission to leave

a message: yes DOB: 8/9/1961 Height: 5.6"

Weight: 137

Profession: _____ Retired _____ Preferred Pronouns: N/A

Emergency Contact, Relationship & #: [REDACTED]

[REDACTED]

What are your current reasons for seeking yoga therapy? Do you have a goal for our time together? Hoping to find a new spiritual avenue to become more healthy, stronger in core and overall strength, and experience new awakenings

with my God as I continue to heal and grow

What is your previous experience, if any, with yoga? None

What are your current and previous health conditions? (Please include medical diagnoses, surgeries, injuries, etc. and approximate dates.) Feel free to elaborate.

YEAR	EVENT	TREATMENT OUTCOME
2010	Dx: Prolapse of bladder and uterus	Hysterectomy everything removed except left ovary Appeared to help issue until partial prolapse issues summer of 23
2021	Dx: Osteo-arthritis in neck	Began strengthening exercises given to me by ortho doctor/massage when possible/ use to ice and heat Improved with less swelling on right shoulder
2022	Dx: osteoporosis in spine, osteopenia in hip and upper legs	Regular Blood labs, calcium and D3 supplements daily, regular exercise, eat more calcium rich foods; next DEXA scan on May 8, 24 Not on any medication currently, hoping I can reverse this, do not want to go on any medications after researching side effects
2023	Dx: Partial Prolapse, right side of bladder mesh	Began working with pelvic floor therapist on September of 2023 Gained some strength in pelvic floor and am continuing this therapy, now

		every 3 weeks visits
2024	Dx: Osteo-arthritis in right hip/ Rule out of pain coming from mesh	Massage wen possible, as surrounding tissue and ligaments/tendons are affected Referred to physical therapy at Select Therapy, began middle of April '24 Some slight improvement with strength and less aching/pain
2022	Dx: inflamed large colon, forgot what they called it (infectious colitis?)	August 1, 2022; Put on Flagyl for 10 days, cured the issue, lost 15 pounds!

Who else are you currently seeing for your concerns or general health? I think that is it.

⊛ Revenge bedtime - forgo sleep for time for yourself
 (unless too tired or sick)
 old
 Tom
 Counseling
 Ken "Bogart" (?)

Have you ever used tobacco or marijuana products? Yes No When? How long?

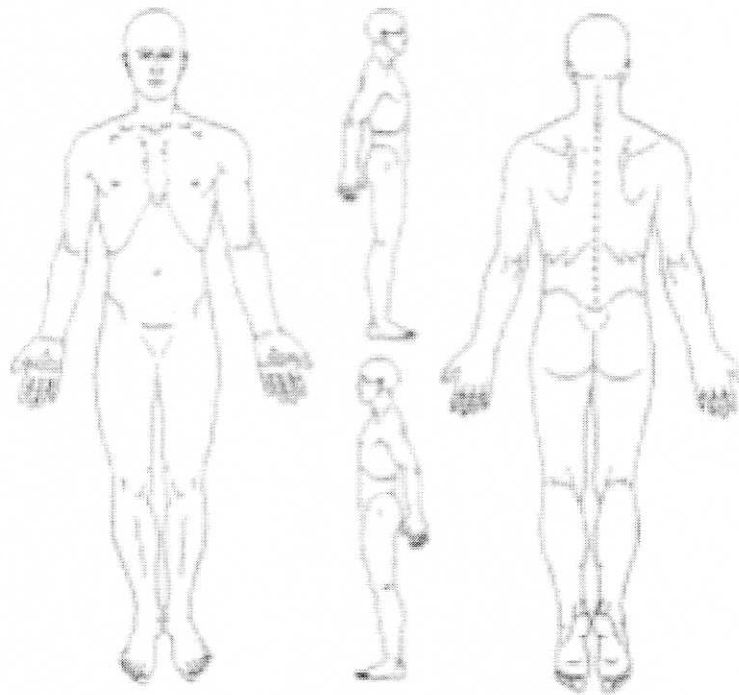
Are you currently using them? Yes, for 8 years (1976-1984) No longer using

What is your history with alcohol consumption? (How often? How much?) Addiction with alcohol began in late teens/early 20's, black outs, went into Tx in 1986, yet continued to be in and out of recovery for 40 years, AA at times, had almost 5 years

of sobriety and then relapsed summer of 2021, only for a week, back into recovery and will have 3 years in August (15) of 2024

Do you inhale smoke in any form (including incense)? Yes No: No I do not

What are the areas of discomfort in your body? (Mark where they are located, and degree of discomfort: mild, moderate, severe). Feel free to elaborate.



Where do you hold tension in your body? I have pain and aching in right hip and right hip area, and glutes, in neck at times, lower back at times, knees and thighs at times

What relieves your pain? What increases it? (Consider the movements, activities and ranges of motion that affect you.) heat/ice, stretching, hot showers, exercises (PT, Pelvic floor, and walking)

What are your current and previous mental health conditions?

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS
N/A			

Please list any prescription and/or non-prescription drugs and supplements you are taking, as well as what they are for:

_____ only taking vitamins/D3/Clacium daily, and probiotic when I remember _____

___I do use steroid cream for private issue, and etrogen cream 2 times a week_____

How would you describe your diet? What about it works well for you? What do you feel needs to change? I have gained back my weight and then some! I am on day 4 of healthy eating, almost not sugars, I have decreased carbs! Lost 1 pound so far, my stomach is biggest it's ever been! I feel I need to no stress eat!!! Or mindless eating!

Describe your overall energy. Does it fluctuate or stay consistent? When are you most energized? When are you depleted? I have always had way too much energy, ADD does not help, yet past 2-3 years it has almost all gone away!!! I have improved a bit over past several months, still not where I need and want to be!

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How would you describe your current level of stress: low, moderate, high? What increases your stress? What reduces it? Much stress, I am helping to take care of 2 grandchildren while my daughter is in the phase of divorce. It is high, every other day or so, I get a break for a couple of days while father has them, yet I feel I am just trying to recuperate, and never truly get to a restful place for any length of time. I am in counseling now, for about 2 months or so, working on boundaries and my health/needs! Hot showers, foot soaks, massages once a week, sitting outside in nature, walking, exercises help. I have a sponsor in my recovery I call daily (except once in a blue moon I space out or she calls me back next day or later part of the day).

How would you describe your breathing? Do you have any breathing challenges?

I use to be more mindful of breathing more deeply, or practicing breathing, yet

need to get back to more! What life challenges are you currently facing? As I

mentioned earlier, my daughters issues are spilling over to me, and with

concerns of all these viruses going around, and difficulty trusting others, she is

reluctant to get other child care. I support this, even though it is hard on me.

Also getting older is scary and life changing, and I also have had a 30 year

marriage with someone who is on the spectrum and has mental disabilities, this

limits his ability to emotionally and spiritually support me, have needed to lean

into other females and God a lot over the years!

What in your life brings you joy? My grandchildren, nature, feeding the squirrels and birds, walking, writing, reading, praying and walking with God, Bible studies, family gatherings and hang time together, AA meetings/support(s). I am hoping to get more time to continue exploring painting and drawing. Also ministries in church.

If you could change one thing in/about your life, what would it be? Wow, loaded question! All the things I want to change, would somehow remove so many blessings from me and my life!

In %, how much of your day is spent doing the following activities: Sitting

10-30 % Standing 50-80 % Driving 10-40 % Lifting

10-40/50 % Desk Work 0 % Lying Down 0 (only when very sick) %

Average hours of sleep/night: 7-9 Usual bedtime: 10:30-11:30

Wake up time: 7-8:30 Do you usually wake refreshed? Not

really How easily do you fall asleep? Use to all the time, now it is not so easy

What challenges do you have with your sleep quality or routine? Do you have a

regular exercise routine? Feel free to elaborate. I usually sleep pretty well, yes to

regular exercise now over the past month.

Describe your social support system (family, friends, etc.) What social activities do you enjoy? Is excellent!, love AA meetings, church and family gatherings, try to do women's groups/activities when I can

What connections are important for your life and health? (examples: nature, pets, volunteering, etc.) All the above!!! God is number 1!!!! Animals are so important to me!

Are you active in a faith community or maintain any regular spiritual practices? How would you like to incorporate your faith into the work we do together? Yes!, I feel I am truly on a journey with God for 30 years!!!!

What gives you your greatest sense of purpose and meaning in your life? Connection

to God is #1!!!!!!! Family, animals/pets, nature!!!! I want to be more mindful to share God's truth

of salvation all the time as He leads!!! Reading God's word and learning scriptures continues to

be a priority, yet a struggle.

**I've asked you a lot of questions. What else do you want me to know about you?
Use this space to share with me anything else you feel is important: I am**

running short on time, got to relieve Harry of babysitting, will talk more when we meet! Can't wait, thank you for your time and concern!!!

Instructions for our first session and next steps:

Thank you for giving thoughtful consideration as you complete this New Client Intake Form. You will have ample opportunity to address any concerns that require more detail during your appointment.

- *Bring this completed intake with you, or email to: lil.harris.yoga@gmail.com.*
- *Wear comfortable clothing and bring your yoga mat and water.*