

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: Carrie Bishop
Address: 7805 Millikin Lane
Email: carriebishop@gmail.com
Phone: 804-432-8972 Permission to leave a message: Yes
DOB: 12/19/1980 Height: 5'7 Weight: 167
Profession: mom Preferred Pronouns: she
Emergency Contact, Relationship & #: 804-432-8961 - Brandon Bishop

What are your current reasons for seeking yoga therapy? Do you have a goal for our time together?

To get back into yoga. To help manage stress, To help lower back + shoulder tension.

What is your previous experience, if any, with yoga?

I use to regularly practice ashtanga.
I also enjoyed the rocket version.
It has been almost 7 years since
I was reg. practicing.

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

Who else are you currently seeing for your concerns or general health?

I am having a hard time w/ my left
shoulder sometimes. I need to get back
into ~~the~~ weight lifting.

→ I see an allergist and someone for
thyroid.

Have you ever used tobacco or marijuana products?

Yes

No

When? How long? Are you currently using them?

What is your history with alcohol consumption? (How often? How much?)

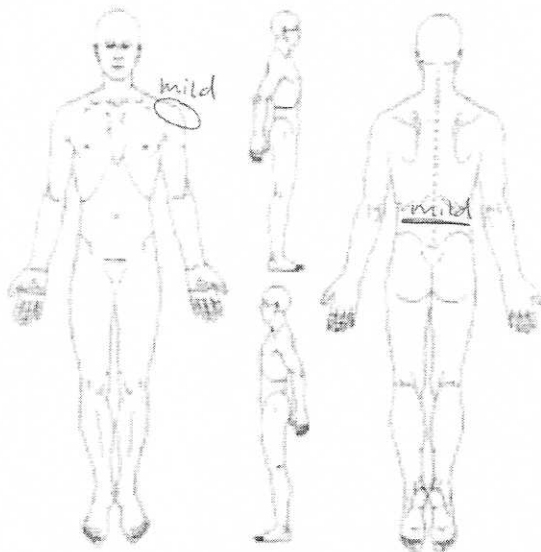
Maybe two drinks a week.

Do you inhale smoke in any form (including incense)?

Yes

No

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?

lower back & shoulders

What relieves your pain? What increases it? (Consider the movements, activities and ranges of motion that affect you.)

I take turmeric/ginger for inflammation.
I also love Dr. Bronner's magic balm
or amentza for sore muscles.

What are your current and previous mental health conditions?

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

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How would you describe your diet? What about it works well for you? What do you feel needs to change?

I try to eat a clean diet. I love making everything from scratch. I love making sourdough. We try to eat organic and grass-fed meats. I also try to limit my sugar intake to mainly coconut sugar & honey.

Describe your overall energy. Does it fluctuate or stay consistent? When are you most energized? When are you depleted?

Overall energy is ok. The more I wake a work out the better. The earlier I wake up, I ~~more~~ have the most energy. I am depleted when I can't work out.

How would you describe your current level of stress: low, moderate, high? What increases your stress? What reduces it?

High
Caring for 12 year old special needs daughter full time.
Biking + gardening (floral arranging)

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

I would say it is ok.
~~but~~ I take monthly allergy shots.
I could work on my breathing techniques.

What life challenges are you currently facing?

Getting help w/ our daughter and raising two teenage boys.

What in your life brings you joy?

Jesus, my family, exercising/biking (yoga), traveling, thrifting, and cooking.

If you could change one thing in/about your life, what would it be?

That I would worry so much.

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

Sitting 5 % Standing 10 % Driving _____ %

Lifting _____ % Desk Work _____ % Lying Down _____ %

Average hours of sleep/night: 8 Usual bedtime: 10:15

Wake up time: 6:30 ^{13h} Do you usually wake refreshed? sometimes

How easily do you fall asleep? ok

How easily do you wake up? very - but I often stay in bed even though I am awake.

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

I just need to get into a good routine w/ going to bed by 10 and waking up around 5.

Do you have a regular exercise routine? Feel free to elaborate.

I love to lift weights 3-2 times a week for about 30 min.

I love biking, I try to ride 2-3 times a week.

Describe your social support system (family, friends, etc.) What social activities do you enjoy?

We love to bike as a family.

We have a great church.

We have a great counselor.

We have a good network of friends

We need more supports for our daughter

but are working through that.

We are a part of a biking team.

What connections are important for your life and health? (examples: nature, pets, volunteering, etc.)

Bike team is important.

Being involved w/ our church is important.

I love working at the local cup.

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?

So I do not do any of the chanting. When I breath I focus on removing negative thoughts and clearing my mind. Remove any tension.

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

I love being able to show God's love through encouraging others.

I love to encourage people that have adopting/adoption/special needs connections.

I just love people.

I love how God shows me different people to love.

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:

thank you for sharing your
practice with me. I am excited.

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.