Craig

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77 y/o ♂

Yoga Therapy Intake Packet

Please Note: This form supplements what you have provided on the Garden of Zen Yoga Studio Student Agreement of Release and Waiver of Liability. The yoga studio will be provided a copy of that form only, while any additional information provided on this form will be protected and only used in the yoga therapy process. The more information you provide, the more customized and effective your yoga therapy plan can be.

Not Reinjure Self

What are your current reason(s) for seeking yoga therapy? Do you have any specific goal(s)?

MILITARY-RELATED INJURIES & PTSD. TO FURTHER DEVELOP COPING SKILLS & MITIGATE FURTHER INJURY.

List your current and previous health conditions such as medical diagnoses, surgeries, accidents, illnesses, and injuries (include approximate date or how long ago for each).

- HELICOPTER "HARD LANDING" (1972 - NO MEDICAL EVALUATION); Ⓡ KNEE MAJOR RECONSTRUCTION W/2 SUBSEQUENT SURGERIES; LEG LENGTH DISCREPANCY/SCOLIOSIS
- LIFELONG GENERAL ANXIETY DISORDER, CLAUSTROPHOBIA, HYPER-SENSITIVITY
- HYPERTENSION, HEART FAILURE, PROSTHETIC MITRAL VALVE, PACEMAKER (SINCE 2018)

Please list anyone else you are seeing for medical or general health concerns including alternative modalities such as doctors, specialists, massage, and acupuncture.

- VA / RIVERSIDE HEALTHCARE / THERAPEUTIC MASSAGE / CHIROPRACTIC (AS NEEDED)

This AM

Please list your current medications, including over the counter and supplements.

- COREG / COZAAR / METFORMIN / LIPITOR / ASA 81MG / COQ-10 / D-3 / CBD OIL

Please list any areas of the body you currently have or recently had discomfort, tension, or pain including anything that helps relieve it and rate each on a scale of 1 [very minor] to 10 [extremely painful or worrisome].

- Ⓡ HIP, PIRIFORMIS / DG SYNDROME (PAIN LEVEL 0 - 8, INTERMITTENTLY)

1/10 due to massage

Please list your favorite activities for both physical and mental health (i.e., walking the dog, yoga, swimming, listening to music or singing, gardening, coloring, crafts, puzzles) – including how frequently and how long per session.

- YOGA, AQUA AEROBICS, SWIMMING, CYCLING, MEDITATION, READING (30MIN TO 2HRS)

Next
Restorative/Yin
Plan

Today
2 [illegible]

[illegible] reading thru butterfly

What percentage of your typical day includes the following?

Sitting	20-30 %	Desk work	10-20 %
Driving	5-10 %	Lifting	0-5 %
Standing	20-30 %	Lying	0-10 %

Briefly describe your typical diet. How is your digestion (any gas or bloating)? How would you describe your bowel movements (frequency and consistency [normal, loose or constipated])?

- MOSTLY FISH, FOWL, OTHER SEAFOOD, PLANT-BASED, FRUITS/NUTS/GRAINS, NO SIGNIFICANT GI/BOWEL ISSUES.

How would you describe your sleep including length and how frequently you wake up?

- TYPICALLY 6-8 HRS, 1-2X/NITE TO URINATE

What is your daytime energy level on a scale of 1 [ready for a nap] to 10 [Energizer bunny] – including right now, and the low and high if it fluctuates?

- TYPICALLY BETWEEN 5-8, OCCASIONALLY MORE OR LESS (3-9)

Please list any substance use including recreational or addictive such as tobacco products, coffee, alcohol, marijuana, narcotics or other pain killers, junk food, sexual activities, etc.

- DAILY GREEN TEA, ALCOHOL 4-6 DAYS/WK, OCCASIONAL CHOCOLATE.

Please describe any challenges in your life including stress, changes, sadness, anxiety, depression, etc.

- CHILDHOOD STRESS, FEAR OF FAILURE/SUCCESS, CHRONIC ANXIETY, SELF-MEDICATION (ALCOHOL)

Please describe any aspects in your life that bring you joy, happiness, pleasure, etc.

- FAMILY, SPIRITUALITY, NATURE, LONG-TERM FRIENDSHIPS

If you could change one thing in your life right now, what would it be?

- TO HAVE DISCOVERED YOGA/MEDITATION 50 YRS AGO INSTEAD OF RUGBY

How much time per day and how many times per week would you like to devote to your yoga practice?

- 1-2 HRS DAILY

Please list any other information you would like to share or that might be helpful.

- SELF-SCREENING (VA ONLINE) SUGGESTED LIKELY PTSD DX, BUT IN CONSULTING W/ VA PSYCHOLOGIST, I POSSESS SUFFICIENT RESILIENCE, SELF-AWARENESS, CLINICAL KNOWLEDGE & COPING SKILLS AS TO NOT LET IT DISRUPT MY LIFE.

Thank you for completing this intake form. It will be very helpful in working together to create a yoga therapy plan focused on your wants and needs.