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 __DANIE[redacted]_____ Date _2024 APRIL 29__

Address (option) _UNIT 350.[redacted]

Phone number _[redacted]_____ Can I leave a voice message? Yes / No
Email _[redacted]_____
What is the way to communicate? ☒ Email ☒ Phone ☐ Other

Profession ___RETIREE_____
Weight _220 LBS._____ Height _5' 9"_____
Date of Birth [redacted]_____

Emergency Contact Name: [redacted]_____
Phone number: _[redacted]_____
Relationship: _WIFE_____

What are your reasons for seeing a yoga therapist? FOR PHYSICAL FITNESS, WELLNESS AND RELAXATION improve stamina.

Are you familiar with Yoga? ☐Yes ☒ No

If yes, what is your experience?

How long?

Type of yoga?

Do you currently exercise?

☐ *Regularly* ☒ *Occasionally* ☐ *Infrequently*

Please feel free to describe what kind and how often. WALKING WITH POLL STICKS ONCE A WEEK

How would you your general health?

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

Do you have injuries or limitations? NONE

Please briefly explain any specific condition you seek to improve through Yoga Therapy.
INCREASE ENDURANCE, LESSEN CANCER FATIGUE

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

☒ Yes ☐ No

If yes, please identify the reasons and provider(s): UNDER THE CARE OF FAMILY DOCTOR FOR HEALTH MONITORING. Surgeon,Oncologist

How long have you had this condition?2 years

How would you rate your stress level?

☐Low ☒ Moderate ☐ High ☐ Very high

Please feel free to describe the current sources of stress in your life Boredom. worry about when Insurance runs out at 65 I will be 64 in JUly. In process of suing 3 different companies as hotel was sold during my recovery and no one wants to take any responsibility for me.

Please describe how you are handling stress.Sleep

Are you able to easily get up and down from the floor? ☐Yes ☒ No

Do you feel your diet needs improvement? ☐Yes ☒No

Do you currently use tobacco products? ☐Yes ☒No

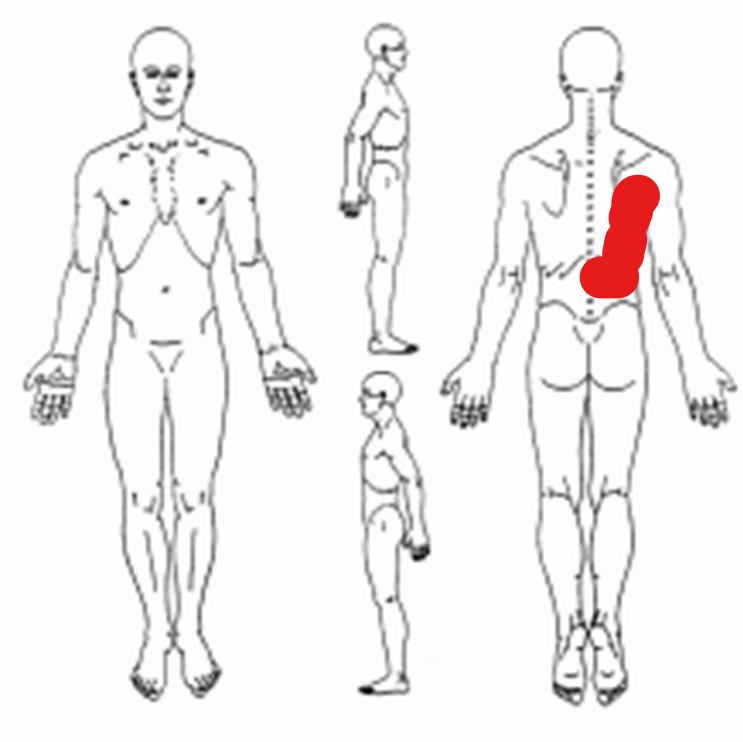
Have you ever used tobacco products? ☒Yes

Do you inhale smoke in any form (tobacco, incense, marijuana)? ☒ No

How would you describe your social support system?

☐ Exceptional ☐ Strong XXX☐ Okay ☐ Marginal ☐ Poor

Do you have physical pain? XXYES
If yes, please mark the places you experience pain in the image.



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

Lower back upper right side back

YEAR	CONDITION DIAGNOSED	TREATMENT	Current Status
2022	**Cancer of the esophagus**	**Chemo and Surgery. Esophagus removed and replaced with stomache**	**Cancer free**

Please explain any mental health history if you have any.

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

XX back pain (low, mid upper)	XX high blood pressure	☐ insomnia
☐ disk /spinal problem	☐ stroke	☐ nausea & indigestion
☐ muscular injuries	☐ Low blood pressure	☐ elimination problem
☐ leg /foot pain crams	☐ dizziness / fainting	☐ diabetes
☐ circulatory problems	☐XX fatigue	☐ physical abuse
☐ heart problem	☐ headache	☐ sexual
☐XX form drugs edema (swollen hands/feet/veins)	☐ asthma	pregnant ☐Yes ☐ No due date:
☐ Arthritis	☐ respiratory problem	Apnea
XX☐ Cancer	☐ anxiety	
	☐ depression	

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

Adalat for blood pressure, irbesartan for blood pressure, for antacid and Pentapretazone.Prenosone for neuropathy,

Energy and Breath

What time of day do you have the most energy?

xxMorning ☐ Mid-day ☐Evening ☐Night

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

I choke and cough constantly from the surgery, Surgeon says it is my new normal,
When do you usually sleep (time asleep and time awake)?

9pm and 9 pm

How would you describe the quality of your sleep?

☐Great XXXX Good ☐ Okay ☐ Fair ☐ Poor

Depends on AHI reading from Bipap machine
If you experience fatigue, please describe its impact, frequency, and what you do to manage it.

Do you have any breathing challenges? ☐Yes *XXX*☐ No

How would you describe your breathing?Lazy from Bipap machine

Wisdom and Intellect

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

The news , current affairs, grocery shopping. Church

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

What would you like to learn and/or teach?

I would like to learn with this new reality of mine.

Connection and Meaning/Purpose

Do you have a religious/spiritual orientation?

Catho;ic

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

Very much nature , My Wife, Friends and family

Do you feel connected in meaningful ways?

YesYes

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

Yes

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

I am very thankful to God for being alive.

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

I have neuropathy from the chemo . feeling returned to my hands but not my feet. Numbness and mostly cold all the time. I can walk for about an hour and half before my feet go completely numb.The fatigue comes from medication for neuropathy and dilatations I have received to my esophagus every 10 weeks or so. When I choke badly while eating and cough more than 4 times in a row it becomes exhausting. I was the General Manager of a very large and busy hotel with a staff of 260, Difficult for me to go from 100 miles an hour to stop.