YOGA THERAPY HEALTH HISTORY AND INTAKE FORM

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

In all cases, the work is client-centered and you are a full participant in the journey. 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 our work together, please let me know so that we may adapt practices specifically for your situation.

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 upon.

Name [redacted] **Date** _____**6-20-2024**_____

Phone number _____ **Email** _____

Occupation _____**Paralegal**_____

Gender ___**Female**_____**Weight** __**118 lbs**_____**Height** ___**5'2"**_____

Date of Birth [redacted] **Race and Ethnicity**_____**Asian/Chinese**_____

What is the highest level of education you received?

_____**Master's Degree**_____

Emergency Contact and their relationship to you ___

_____

INSTRUCTIONS FOR YOUR FIRST YOGA THERAPY CONSULTATION

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

PHYSICAL SECTION

Are you familiar with Yoga? ***Yes*** __***x***____ ***No*** _____

If so, what is your experience?

Do you currently exercise (circle/highlight)? ***Regularly (Y)***
Occasionally Infrequently.
Do you have injuries or limitations? If yes, please describe. (No)

Are you pregnant? ***Yes*** _____ ***Due date***_____ ***No _X____***

Are you in menopause? ***Yes*** _____ ***No __X____***

Can you easily get up and down from the ground? ***Yes __X____*** ***No*** _____

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

Yes _X_____ ***No*** _____

Do you have a diagnosis from a health care practitioner about this condition?

Yes _____ ***No _X_____***

Are you taking any medications for this condition? ***Yes*** _____ ***No _X_____***

Do you feel your diet needs improvement? ***Yes*** _____ ***No ___X_____***

Do you have daily bowel movements? Would you describe them as normal, loose or constipated?

Normal

Do you inhale smoke in any form (tobacco, marijuana)?

Yes _____ ***No __X_____***

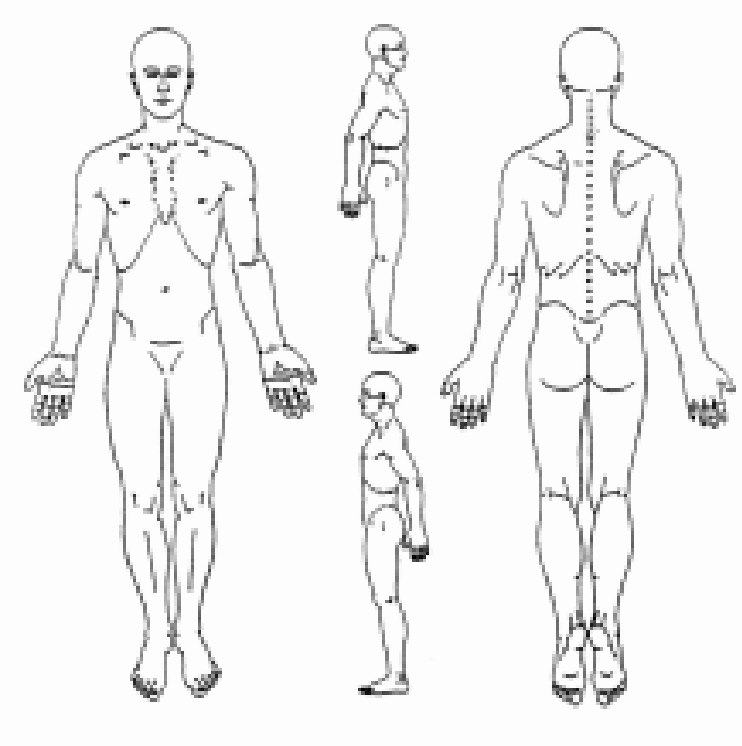
What is your daily alcohol intake? None

How much caffeine do you consume daily? None

Do you use any alternative therapies or treatments? No

Do you have physical pain? If yes, please mark the places you experience pain in the image to the right. *Or,* if you cannot mark on the body diagram, please type in below the location on the body, for example, 'I feel pain in my lower back'.

Type here:



Please list any relevant medical history (major injuries, hospitalizations, or surgeries)

YEAR	EVENT	TREATMENT	OUTCOME
!992	Hospitalization for Major Depression	Zoloft	Discharge after 2 weeks and therapy
1991	Left foot ganglion	surgery	Healed
2012	Fibroid	surgery	healed

Please circle/highlight any of the following conditions/issues that you have experienced:

(X) back pain (low, middle or upper back)
disc problems
other spinal/skeletal problems
hip replacement
muscular injuries
leg pain or cramps
circulatory problems
heart conditions
edema (swollen hands or feet)
varicose veins
arthritis (where?)
high blood pressure
stroke history
low blood pressure, dizziness or fainting
fatigue
headaches
allergies
asthma
other respiratory problems
physical abuse
(X) sexual abuse
(X) psychological abuse
stress
(X) anxiety
(X) depression
(X) insomnia
nausea & indigestion
elimination problems
cancer
diabetes
anything else_(PTSD); overcoming grief_____

Please list below any prescription or non-prescription drugs you are taking and describe what they are for:

Only vitamins and supplements

ENERGETIC SECTION

How would you describe your general health (circle one)?

Great Good (X) Okay Fair Poor

How would you describe the quality of your sleep?

Great Good (X) Okay Fair Poor

Do you wake up refreshed? *Yes _most of the time_____ No _____*

What time of day do you have the most energy (circle one)?

M*orning (X) Mid-day Evening (X) Night*

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

I am high energy but when emotionally triggered I get depressed and not able to do or plan much.

Do you have any respiratory problems? No

How would you describe your breathing? Normal, not much deep breathing

MENTAL HEALTH SECTION

How would you rate your stress level (circle one)?

Low Moderate (X) High Very high

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

Stress about finding a job or career planning, how to take care of my aging older sister who has bipolar.

On a scale of 1-5 how would you rate your stress currently in the following areas (1 = low and 5 = high)?

- **Health related (x)**
- **Family related (x)**
- **Social Network related (x)**
- **Work related**
- **Financial related (x)**
- **Other:_____**

How do you react under stress (circle one)? ***Anxious Irritable (x)***
Withdrawn (x)

How do you manage stress? Exercise; talk to a friend; do research

Have you experienced any major life changes in the past year. i.e.: changing jobs, having a child, getting married, health related, etc.

I had two episodes of PTSD that triggered memories/ experiences of a sexual assault in my 20's and loss of my older brother at the age of 4.

I am at the tail end of grieving the death of my father who died 11/8/2020. When I was four, I was in the same bed as he was having sex with my mother.

I forgive my father. However, my body froze if any man sends out predatorial sexual vibes toward me. I avoid relationships with men and most hang out with gay men.

I also emotionally froze since I was 4 years old when my brother died. Both my parents were deep in their grief and neglected me emotionally. I was too young to process what happen to my brother. I just knew he was missing and never grieved his loss until Nov. 2023.

What is your home environment like?

Orderly but does not have adequate natural lighting.

What is your work environment like?

Currently not working and if I am usually administrative jobs that are not commensurate of the educational training.

What habit are you trying to overcome?

Not be triggered or fall into freeze mode when men who is projecting predatorial sexual energy my way.

Not be in be freeze mode when I am in low lit environments.

Be able to coordinate my body to music, move and dance freely.

What habit are you trying to develop?

To be fully embodied and develop sharper intuition. Be able to attune to my body's messages, not numb myself and be assertive with boundaries when I sense tension with a person and situation.

Please list any current mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, OTC, Behavioral, etc.)	CURRENT STATUS
PTSD	6/23-current	therapy	Symptoms are milder

Please explain any relevant mental health history you think I should know.

My PTSD got triggered and I have been emotionally dysregulated since July 2023. I had trouble concentrating, planning, and being motivated to work toward my future. In Nov. 2023, I got triggered and experienced severe intrusive thoughts and freeze mode making it hard to concentrate.

INTERPERSONAL/INSIGHT SECTION

How would you describe your social support system?

Exceptional Strong Okay MarginalPoor (X)

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

Listening to YouTube episodes on Buddhism, spirituality, narcissism, tarot reading; listening to audiobooks, attending talks at the Hindi temple.

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

Learning how to take care of myself and tend to my needs instead of neglecting myself because I am too busy taking care of others.

What would you like to learn and/or teach?

I want to learn how to nurture myself emotionally, physically, and spiritually. I want to learn how to negotiate my needs and wants in a relationship.

What do you like to do - like do you have any hobbies? What makes you happy what gives you joy?

Swimming; writing; arts (drawing/painting) learning a musical instrument; cooking; learning new languages

MEANING/PURPOSE SECTION

Are you active in a faith community or maintain any regular spiritual practices? Yes / No, Please describe:

Yes. I do Kriya Yoga, meditate and chant when I can. Every Friday, I attend the talks on the Bhagavan Gita at the Bhakti Center.
On Sunday, I go to the Self Realization Fellowship.

What is sacred to you?
Being in Nature
Temples with the Divine Feminine altar
Spacious mosques with infinite geometric shapes
Minimalism in Buddist temples
Photos of cosmos, and galaxies at the Museum of Natural History
Well written soulful stories and poems.

Are you registered to vote? *Yes* __*X*____ *No* _____
Do you vote? *Yes* __*X*____ *No* _____

What connection is important for your life and health (nature, family, pets, friends, meditation - connection with love and peace and God/Universe, service, volunteering, etc.)?

Nature, Art, authentic people who are kind and friendly, connecting to my breath.

Do you feel connected in meaningful ways?

I am learning how to connect and make friends with genuine and kind people who truly care about my spiritual growth and well-being. I feel connected when I write, create art, and cook nourishing food.

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

To give voice to the human experience through my writing. But I have not really honed down the craft of it or made headway into the publishing industry for the past 20 years.

I thought it was to take care of my family and make my parents life better. But after my father died, I am not sure what my purpose is.

What are your plans and goals for life?

Have a career, be financially independent, have loving relationships, be with a partner and have my own children.

Now please tell me what you would like out Yoga Therapy; it could be any health condition and/or life challenge, or anything you seek to improve. And if you have any thoughts (any goals) for our time together?

I want to be able to be intimate with a partner and not have my body freeze or be cut off. I want to know how to stop the body from being triggered when man approach me sexually and how to manage intrusive thoughts.

Thank you very much for completing this form.