Integral Yoga Therapy

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 _[redacted]_____

Address _[redacted]

Phone number _[redacted]_____ Email

joehurowitz@gmail.com_____ Profession

Teacher_____

Pronoun(s) _____He , him_____Weight[redacted]_____Height

[redacted]_____ Date of Birth

_____[redacted]_____ Age____63_____

Emergency Contact _____

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.

Please bring the completed New Client Questionnaire to your first visit

Please also bring a Yoga mat and wear comfortable clothing

Client confidentiality will be observed under all circumstances.

If you do have any questions please contact your practitioner:

Please mark the answer most related to your response.

Are you familiar with Yoga? *Yes No* If so, what is your experience? Yes, It's been about 8 years since I last practiced regularly

Do you currently exercise? *Regularly Occasionally Infrequently* Please feel free to describe what kind and how often. Runner apprx 6 miles alternate day. I go to the gym for strength training on alternate days.

How would you describe your general health? *Great! Good Okay Fair Poor* Do you have injuries or limitations? Good, emotionally stressed by my current work situation.

Please briefly explain any specific condition you seek to improve through Integral Yoga Therapy. I have experienced depression over may years and some panic attacks more recently.

Are you currently under the care of a doctor or other healthcare provider? *Yes No* If so, please identify the provider(s): I see a GP for high blood pressure and high cholestoral which are both currently under control though prescriptions.

Do they know you are seeking support through Integral Yoga Therapy? No

Do you have a diagnosis from a health care practitioner about this condition? *Yes No* How long have you had this condition? I have seen physicians for depression care and took various medications for period of time but the last 10 years I have not taken any medications.

How would you rate your stress level (circle one)? *Low Moderate High Very high* Please feel free to describe the current sources of stress in your life.

My stress level is high , sometimes very high due mainly to recent events at work.

Please describe your practices, means, and coping mechanisms for handling stress (including allopathic and integrative approaches). My regular running is very helpful for my feeling more balanced and I hike regularly on local trails. I also meditate for about 30 minutes daily , I am part of a regular online meditation group.

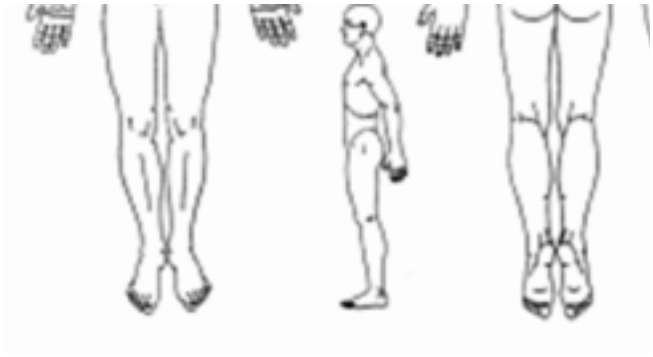
Are you able to easily get up and down from the floor? *Yes* Do you feel your diet needs improvement? *Yes* Do you currently use tobacco products? *No* Have you ever used tobacco products? *No* Do you inhale smoke in any form (tobacco, incense, marijuana)? *Yes*

How would you describe your social support system?

Exceptional Strong Okay Marginal Poor I have a very caring an intelligent partner who is helping me through this current situation and I have one or two close friends I have spoken to

about this.

Do you have physical pain? If yes, please mark the places you experience pain in the image to the right and feel free to elaborate on them.



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

YEAR	EVENT	TREATMENT	OUTCOME

Please circle any of the following conditions or issues that you have experienced:
High BP , Depression and Anxiety

back pain (low, middle or upper back)

disc problems

other spinal/skeletal problems

muscular injuries

leg pain or cramps

circulatory problems

heart conditions

edema (swollen hands or feet)

varicose veins

arthritis (where?)

_____

Other Conditions:

high blood pressure

stroke history

low blood pressure, dizziness or fainting

fatigue

headaches

allergies

asthma

other respiratory problems

physical abuse

sexual abuse

psychological abuse

stress

anxiety

depression

insomnia

nausea & indigestion

elimination problems

cancer

diabetes

are you currently pregnant? due date

_____

Please list any prescription or non-prescription drugs you are taking and describe what they are for. Atorvistatin for cholesterol and Chlorithalidon for High BP

Energy and Breath

What time of day do you have the most energy? M*orning Mid-day Evening Night* Please share anything you'd like to tell me about your energy level Mid Day is when I have the most energy

When do you usually sleep (time asleep and time awake)? 11pm wake at 7am

How would you describe the quality of your sleep? *Great Good Okay Fair Poor* If you experience

fatigue, please describe its impact, frequency, and what you do to manage it.

Quality of sleep is Okay

Do you have any breathing challenges not mentioned above? No

How would you describe your breathing? Varies depending on my stress levels.

Mental Health

Please list any current mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, OTC, Behavioral, etc.)	CURRENT STATUS

Please list any previous mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	MEDICATIONS	HOSPITALIZATONS	THERAPY

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

If you did not include prescription or non-prescription drugs you are taking for mental health, please list and describe what they are for.

Wisdom and Intellect

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

I am a lifelong musician and I read a smooch as possible , all subjects.

What are you in the process of learning and/or teaching others? I am a perpetual

student of music .

What would you like to learn and/or teach?

Connection and Meaning/Purpose

Do you have a religious/spiritual orientation? I am Jewish and belong to a community group in Washington DC , I am the music director there.

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

I have a 19 year old daughter , I am very close to her. I have a large extended family , 2 sisters

are still living though much older than me.

Do you feel connected in meaningful ways? In some ways I do feel connected and I am

struggling with what I should do in progressing my life and in taking proactive actions in my life

to move forward.

Do you feel that you know why you are here? (Alive on Earth) My thinking tends more towards evaluating my behaviors, my happiness and the actions I take and what I give to others to help their condition and how I make others feel in interacting with them.

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

Ibelieve that there is a divine force in the universe which in my thinking is the

combined energies and soulfullness of every living thing that is or ever was.

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