hush studio

Yoga Therapy Intake + Assessment 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.

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.

PERSONAL DATA

First name: Janet Last name: Y.

Address: _____ City/State: E. Bonnowick NJ

Phone Number: _____ Email Address: _____

DOB: _____ Age: 48 Receive Newsletter? (Y) N

Occupation: _____ Pronouns: _____

Emergency Contact: _____ Phone: _____

How did you hear about *Hush Studio*?

member of the studio

GOALS

What does optimal health mean to you? Stability, clarity and self-trust. She wants to feel emotionally safe and live in a place of "reflection, not reaction." She reports wanting to feel "aligned" in her life.

What is your previous yoga experience? Comes to Hush 2-3x/week and takes gentle and flow classes.

What is your reason for seeking out Yoga Therapy? Curious to see how it can help me emotionally and see if it will help me get "unstuck" and considers the idea of exploring a new chapter in her life.

What are your goals for Yoga Therapy? ① ↑ emotional regulation and resilience
② cultivate embodied clarity and self-trust
③ support identity transition and readiness for change

MEDICAL HISTORY

Please list your current and previous health conditions. Please include medical diagnoses, surgeries, accidents, injuries, etc. w/ approximate dates: ↑ BP - controlled on meds

Are you seeing anyone for treatment of one or more of these issues? (Please explain) GP

Please list your current medications, dosages and any supplements you're currently taking: ___

Lisinopril, HCl

What do you consider to be your strengths in terms of your current health and wellness? _____

consistent yoga practice, vegetarianism, strong social network, ability to self-reflect

DIET AND LIFESTYLE HISTORY

Please describe your typical eating pattern. What do you typically eat for breakfast, lunch, dinner and snacks?

vegetarian

Do you drink alcohol? If so, how much? Ø

Do you smoke cigarettes or cannabis? If so, how often? Ø

How much water do you drink daily? as much as I can

Do you drink coffee or other caffeinated beverages? If so, how many cups/day or caffeine/day?

1-2 cups in the AM

Do you follow any specific types of diet such as Keto, Paleo, Ayurvedic, etc? If so, please explain:

just lacto-ovo vegetarianism

How is your digestion? Do you have daily, regular bowel movements? Yes

Do you have a daily physical exercise routine? If so, can you describe?
not daily, yoga 2-3x/week, sometimes Tone classes

What are your favorite physical activities or movements?
Yoga!

Please describe your sleep habits. Do you generally sleep through the night? Do you remember your dreams? Can you tell me more about this and what it could possibly tell you?
I sleep ok, wake up sometimes around 2-3am worrying and w/ anxiety;

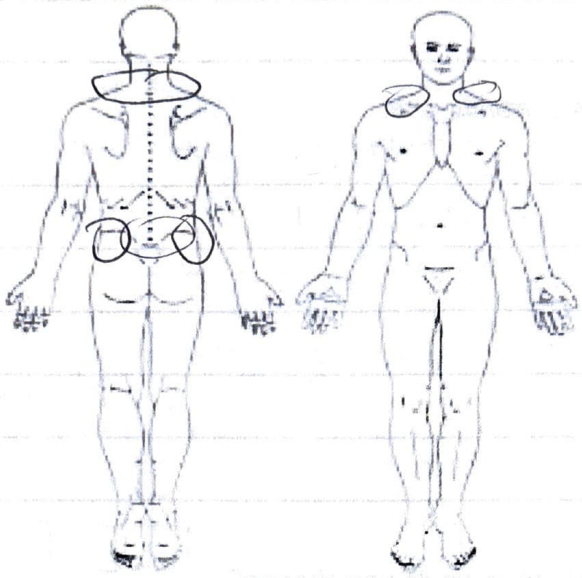
Do you feel rested when you wake up in the morning? 50-50

Please describe your overall energy level. Does it fluctuate or stay consistent? When are you the most energized throughout the day? Least energized?
pretty good w the AM, tired around 3-4pm, wake up a bit after 5pm.

STRESS MANAGEMENT

Where do you hold tension in your body (please circle below)? hips, lower back, shoulders

Where do you experience physical pain, stiffness or discomfort in the body (please circle below)?
see above



What relieves this pain or discomfort for you? stretching, rest

What makes it worse? standing long periods of time

What are your perceived stress levels? 6-7/10

What external factors tend to cause you stress? marriage, change, future

How do you typically manage your stress? nap, deep breaths, yoga

Do you experience sadness, anxiety or depression? If so, how do these feelings manifest in your body? Yes, all of the above. fatigue and overwhelm.

What life challenges are you currently facing? Marriage, future, empty nesting on the horizon, change

What aspects of your life give you the most joy and pleasure? My daughter and Penny Hawthorne

How are your relationships currently with: - parents deceased

Family: moderate - 2 brothers w/ families that live w/ CA and

Spouse: not great; estranged

Children: great (Taylor)

Friends: great

Co-workers: great

Other:

If you could change a habit, what would you change? lack of decisiveness

How would you define the word *spirituality*? being connected to myself and my inner truth; listen inwardly and see what feels true for me.

How do you express your spirituality? through quiet reflection, journaling, stillness, time away w/ her daughter

What in life gives you the most fulfillment? my daughter

What do you do for fun? Please describe: shopping w/ my daughter, traveling, finding new stores/restaurants w/ daughter, going into nyc and exploring

And what do you do to relax? Please describe: Read, watch TV, meditate, relaxing music

***Care Plan Goals* - By the end of our work together, can you tell me three things that you would like to accomplish or be different?**

1. support NS regulation and stress response
2. strengthen embodied awareness and self-trust
3. create supportive containment for life transitions + change

Is there anything else you would like to share with me? If so, please explain. ∅

Waiver of Consent

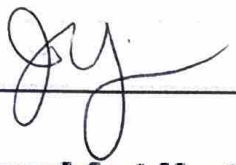
I JY (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

I JY (print name) acknowledge that the instructions and advice presented by the instructor are in no way meant to be a substitute for a medical examination, diagnosis and counseling from your healthcare professional. Consult your healthcare professional before beginning this or any other healthcare program. Information exchanged during any Yoga therapy session is educational in nature and is intended to help me become more familiar and conscious of my health status and is to be used at my own discretion.

I JY (print name) acknowledge that participation in this program may involve some risk of injury due to the nature of the activity. In consideration of my acceptance of this program, I do hereby release and forever discharge for myself, my heirs,

executors, and administrators, any and all claims to collect damages against **Dhyana Wellness LLC** or her representatives, employees, agents or officials, sponsors or any officials of this program. I further represent that I am in a good physical condition and as such am able to participate in this program. I promise to practice yoga mindfully.

Signature of Client, Parent or Guardian



Date 1/13/26

Thank you so much for taking the time to complete this Intake Questionnaire. It will be very helpful in developing an organized, thoughtful and effective treatment plan. Please let us know if you have any questions.

We look forward to working with you!