[redacted]

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 guided imagery, 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.

Contact Information

Today's Date *

MM DD YYYY

10 / 29 / 2025

Name: *

[redacted]

Email: *

[redacted]

Phone number: *

[redacted]

Date of Birth: *

MM DD YYYY

09 / 16 / 1948

Emergency Contact Information:

Name: *

[redacted]

Phone number: *

[redacted]

Email

[redacted]

Relationship to you: *

[redacted]

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 Yoga Therapist Intern.

Client confidentiality will be observed under all circumstances.

If you do have any questions please contact your Yoga Therapist Intern:
Raji Sundararajan
sattvayoganovi@gmail.com
(214) 755 1578

Goal(s) and Yoga experience

Describe your primary reason(s) for seeking yoga therapy. *

Hoping to recapture my flexibility and bring on greater wellness.

What are your goal(s) for our time together? *

To successfully find my old yoga abilities for better health.

Are you familiar with yoga?

- (●) Yes
- ( ) No
- ( ) Other:

If you answered yes to the above question, please describe your experience with yoga.

I began learning yoga with a daughter when I was in my late 40s. I had studied briefly earlier in life when I was early 20s. But in those days, yoga wasn't widely practiced and available.

What is your experience with the following yoga practices?

	limited	moderate	experienced
Physical postures	○	○	◉
Relaxation	○	○	◉
Breathing techniques	○	○	◉
Visualization/Imageries	◉	○	○
Meditation/Centering	○	◉	○
Wisdom studies	◉	○	○

How interested are you in Yoga practices to support the following goals

	Not Interested	Moderately	Very Interested
Physical health and wellbeing	○	○	◉
Mental health and resilience	○	○	◉
Stress reduction	○	○	◉
Enhanced quality of life	○	○	◉
Improved focus	○	○	◉
Spiritual growth	○	○	◉

Physical health

How would you describe your general health?

- ○ Great!
- ◉ Good
- ○ Okay
- ○ Fair
- ○ Poor

Do you have any specific diagnosed condition(s) from a health care practitioner? If yes, please describe your diagnosed condition(s).

Have an appointment/consultation with surgeon for a gist in my stomach lining. (Even though it is cancer, it will not metastasize. Because of growth, removal is required.)

Are you currently under the care of a doctor or other healthcare provider for the above diagnosed condition?

- (●) Yes
- ( ) No
- ( ) Other:

How long have you had the above diagnosed condition(s)?

August 2024

Do you have any limitations due to the diagnosed condition(s)? Please describe.

My flexibility subsided and I found that back aches sometimes became debilitating.

Do you have any contraindications due to the diagnosed condition(s). Please describe.

No

What life challenges are you currently facing?

None, I think....

Please list the prescription or non-prescription drugs you are taking and describe what they are for.

I don't take anything on a regular basis. When back pain comes on, I do take an anti inflammatory which is very helpful.

Are you able to easily get up and down from the floor

- (●) Yes
- ( ) No
- ( ) Other:

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

Only occasionally…back pain. (Arthritis?). Cramping in legs while sleeping but a magnesium pill seems to help.

Do you have a regular exercise program? Please describe:

I try to walk everyday. Yoga is not currently practiced. Haven't biked in over a year.

How would you describe your diet and digestion?

Diet is healthy. Some question on digestion but currently be seen for that.

Energy and Breath

How would you describe your overall energy level? Does it fluctuate or stay consistent?

My energy level has subsided in the last year.

What time of day do you have the most energy?

- [x] Morning
- [ ] Midday
- [ ] Evening
- [ ] Night
- [ ] Other:

What time of day do you have the least energy?

- [ ] Morning
- [ ] Midday
- [x] Evening
- [ ] Night
- [ ] Other:

Describe your rest/sleep patterns?

I mostly have a nap daily if time to grab it. I generally get 8 hours sleep interrupted when using the bathroom half way through the night. Now, since radiation therapy for cancer, In need to get up 2 times in the night.

How would you describe the quality of your sleep?

- [x] Great
- [ ] Good
- [ ] Okay
- [ ] Fair
- [ ] Poor
- [ ] Other:

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

Get a nap if time permits. Getting my brain challenged by new experiences also helps.

How would you describe your breathing?

Normal

Do you have any breathing challenges? If yes, please feel free to describe your breathing challenges.

Not sure

Mental health

Please list any current mental health diagnoses and treatment.

Continued observation post cancer treatment. Removal of aforementioned gist is upcoming.

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

None

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

How would you rate your stress level?

- ○ Low
- ◉ Moderate
- ○ High
- ○ Very High

Please describe the current sources of stress in your life

- ☑ Health-related
- ☐ Work/study-related
- ☑ Relationship stress
- ☐ Financial stress
- ☑ Concerns about the future
- ☐ Other:

Where do you typically hold tension or discomfort in your body?

Muscles

Please describe your practices and coping mechanisms for handling stress.

Stretches, briefly seperate physically from source.

How often do you experience

	seldom	occasionally	frequently
Anxiety	◉	○	○
Sadness or depression	◉	○	○
Anger or frustration	◉	○	○
Other distressing feelings	○	◉	○

On a scale of 1 to 4 how often do you use the following

	never	Infrequently	moderate	frequent use
Cigarettes/tobacco products	◉	○	○	○
Alcohol/Recreational drugs	○	○	◉	○
Coffee/Tea/Energy Drinks	◉	○	○	○
Over-the-counter medication	○	◉	○	○

Wisdom and Intellect

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

Reading, discussion with friends, travel, involvement in hobbies ie weaving, dyeing, printing etc, granddaughters.

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

How to cope with a body in repair.

What would you like to learn and/or teach.

I'm just enjoying life and adding to my knowledge. Having granddaughters allows for all kinds of learning and teaching.

Connection and Meaning/Purpose

Are you active in a faith community or maintain any regular spiritual practices? If yes, please feel free to share your spiritual practicees.

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

All of the above

Do you feel connected in meaningful way? Please describe.

Probably over connected. I'm active in weaving guilds, book groups, working with medical professionals to solve health concerns.

What aspects of your life give you the most joy and meaning?

Spending time with family…my dog…traveling to new places, concerts, social gatherings with long time friends.

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

What is your social support system?

My husband, friends…..

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

How much time (each day/week/month) can you devote to your own personal yoga practices?

Very flexible…as much time is needed to reach goals.

When are you available for yoga therapy sessions (days and times)?

Varies, but mornings are good. Most any day unless group meeting or medical appointment.