



Yoga Therapy Group Intake Form

Date: October 1, 2024

Name: DONNA [REDACTED] Age: 77

[REDACTED]

Emergency Contact: 70378 / CH [REDACTED]

YOGA EXPERIENCE:

1. Are you familiar with yoga? Yes No

If yes, please describe your experiences (asanas/postures, pranayama/breathing, relaxation techniques, meditation, centering practices, yoga or other wisdom studies and practice)

not good at ANY of these, body too old & stiff.

2. What do you hope to experience during the yoga therapy session?
What do you hope to get out of it? What are your main goals?

Help my Osteoarthritis

INVOLVED IN SPORTS OR FITNESS ACTIVITIES

3. Do you currently exercise? Yes No

If yes, please briefly describe current program:

TAKE WALKS 2 times A week
Light yoga with Pamela

PHYSICAL/ PSYCHOLOGICAL HEALTH/ WELLNESS CHALLENGES/ MEDICATIONS

(including injuries past or present):

osteoporosis, 5 yrs Adenonate off medication
benign head tremor, vertigo of left ear,
Fall broken ankle - Healed. Sensory neural
hearing loss of both ears.

4. Where do you experience pain in the body? Feel free to elaborate:

not too often, only when doing
house work.

5. Please rate the amount of pain that you associate with your concern(s) on a scale from 0 to 10, where 0 denotes no pain and 10 represents the maximum level of pain:

Use the following scale: 0-1-2-3-4-5-6-7-8-9-10,

2

6. Where do you usually feel tightness or soreness in your body?

Back

7. Please indicate your current stress level on a scale from 0 to 10, where 0 represents "no stress at all" and 10 signifies "maximum stress." 2

8. What tends to bring on or trigger stress in your life:

World news

9. How do you typically handle stress?

never thought about stress, I
just go on with my life.

10. Please indicate your overall energy level using the following scale: Acceptable
1. Poor 2. Fair 3. Acceptable 4. Good 5. Excellent

11. Please evaluate the quality of your sleep using the following scale: Acceptable
1. Poor 2. Fair 3. Acceptable 4. Good 5. Excellent

12. Are there any habits you would like to change? stop drinking coffee

13. How would you describe the quality of your social support? Enjoying my time taking light yoga.

14. What in life gives you meaning and purpose? Feeding stray cats.

15. What do you like to do for fun? mobile gaming

16. Add additional information you would like me to know about you:

I'm perfectly happy when I'm alone doing my own thing.

Thank you for completing this intake questionnaire!

Angela Matysiak (202) 891-9234
matysiaka@yahoo.com



Yoga Therapy Group Intake Form

Date: 10-9-24

Name: NINETTA [REDACTED] Age: 71

Address: [REDACTED]

Phone: [REDACTED] Email Address: [REDACTED]

Emergency Contact: _____

YOGA EXPERIENCE:

1. Are you familiar with yoga? Yes No

If yes, please describe your experiences (asanas/postures, pranayama/breathing, relaxation techniques, meditation, centering practices, yoga or other wisdom studies and practice)

SOME EXPERIENCE

2. What do you hope to experience during the yoga therapy session?
What do you hope to get out of it? What are your main goals?

How yoga therapy helps

INVOLVED IN SPORTS OR FITNESS ACTIVITIES

3. Do you currently exercise? Yes No

If yes, please briefly describe current program:

yoga chair exercise

PHYSICAL/ PSYCHOLOGICAL HEALTH/ WELLNESS CHALLENGES/ MEDICATIONS
(including injuries past or present):

HEART Disease

Osteoporosis + Osteoarthritis

Blood clots left Leg

4. Where do you experience pain in the body? Feel free to elaborate:

Lower Back

Right Knee

BACK of NECK

5. Please rate the amount of pain that you associate with your concern(s) on a scale from 0 to 10, where 0 denotes no pain and 10 represents the maximum level of pain:

Use the following scale: 0-1-2-3-4-5-6-7-8-9-10.

2

6. Where do you usually feel tightness or soreness in your body?

Legs Ache when standing Too Long

7. Please indicate your current stress level on a scale from 0 to 10, where 0 represents "no stress at all" and 10 signifies "maximum stress." 3

8. What tends to bring on or trigger stress in your life:

WORRYING

9. How do you typically handle stress?

focus on CALLING friends

watch something funny on TV

10. Please indicate your overall energy level using the following scale: 4
1. Poor 2. Fair 3. Acceptable 4. Good 5. Excellent

11. Please evaluate the quality of your sleep using the following scale: 3
1. Poor 2. Fair 3. Acceptable 4. Good 5. Excellent

12. Are there any habits you would like to change? _____

13. How would you describe the quality of your social support? very good

14. What in life gives you meaning and purpose? family + friends

15. What do you like to do for fun? spend Time with family + friends
go to A movie, go out To eat

16. Add additional information you would like me to know about you:

Thank you for completing this intake questionnaire!

Angela Matysiak (202) 891-9234
matysiaka@yahoo.com



Yoga Therapy Group Intake Form

Date: October 1, 2024

Name: [REDACTED] Age: 79

Address: [REDACTED]

Phone: [REDACTED] Email Address: [REDACTED]

Emergency Contact: _____

YOGA EXPERIENCE:

1. Are you familiar with yoga? Yes No

If yes, please describe your experiences (asanas/postures, pranayama/breathing, relaxation techniques, meditation, centering practices, yoga or other wisdom studies and practice)

Beginner Level; referred to yoga class by my personal trainer
(pre-COVID, I think) at Gold's Gym for the purpose of stretching/relaxation.

2. What do you hope to experience during the yoga therapy session?
What do you hope to get out of it? What are your main goals?

1). Some yoga poses are painful to me (knees, back, right shoulder). I would like to gently
learn to use these areas. 2). Excessive belly fat causes too many limitations with movements,
and I would like to learn core-strengthening movements that are not too painful

INVOLVED IN SPORTS OR FITNESS ACTIVITIES

3. Do you currently exercise? Yes No

If yes, please briefly describe current program:

I recently started chair yoga twice a week. I don't have a car and have always
walked a lot to and from work, grocery shopping, errands

PHYSICAL/ PSYCHOLOGICAL HEALTH/ WELLNESS CHALLENGES/ MEDICATIONS

(including injuries past or present):

I have two meds: pre-diabetes Jardiance and low-dosage (10-12 mg) lisinopril for high blood pressure. Both will be changed at my next wellness checkup in January.

I spent the Summer in Physical Therapy for lymphedema treatment and for lethargy, and was advised that I was not getting enough oxygen. A pulmonary test is scheduled for November.

4. Where do you experience pain in the body? Feel free to elaborate:

My knees, which I believe is from low oxygen levels and breathing stale, indoor air-conditioning; my

My lower back and hip joints when I walk and stand. I have an osteopina test soon. I have to bend over my shopping cart to walk, and occasionally in my right shoulder when I stretch too high. I think this is arthritis.

5. Please rate the amount of pain that you associate with your concern(s) on a scale from 0 to 10, where 0 denotes no pain and 10 represents the maximum level of pain:

Use the following scale: 0-1-2-3-4-5-6-7-8-9-10.

My knees were a 10, but that has subsided; my lower back is a 9, at least, and my hips a 9, both when I have been walking awhile; my shoulder a 9, but only flares up when I put stress on it.

6. Where do you usually feel tightness or soreness in your body?

My hips and lower back feel very rigid, like a steel plate. My PT this Summer thought even the knee pain was caused by pinched nerves. I also feel too stiff to stand up straight, and I have trouble standing up.

7. Please indicate your current stress level on a scale from 0 to 10, where 0 represents "no stress at all" and 10 signifies "maximum stress." I have been at a 9 stress level since COVID.

8. What tends to bring on or trigger stress in your life:

Having too much to do and too much to think about. I have had to come to terms with self-deception and rationalizations brought on by hurtful actions, betrayals of others who were determined to destroy me (character, reputation, spirit), I don't like having to "prove" myself after lies and erroneous information have been spread.

9. How do you typically handle stress?

By being alone, sitting for hours, eating and mindless tv.

10. Please indicate your overall energy level using the following scale: 5
1. Poor 2. Fair 3. Acceptable 4. Good 5. Excellent

11. Please evaluate the quality of your sleep using the following scale: 2
1. Poor 2. Fair 3. Acceptable 4. Good 5. Excellent

12. Are there any habits you would like to change? Trying to do too many things at once.
I need to prioritize things better and rest more. I'm not used to having less energy.

13. How would you describe the quality of your social support? I have been without a close friend for a
long time. Going through the trauma of the last five years, I have felt very alone. My faith has strengthened as a result.

The SW Community and the Village have accepted me; I've held nothing back, and they still accept me.

14. What in life gives you meaning and purpose? My belief that I am here because God wants me here.
Since I have become old, I like taking care of myself. I like using my intuition and discernment,
which are lacking in most people, and I like my deepening relationship with God. I think He really "gets me."

15. What do you like to do for fun? I love good food of all ethnicities. Going to a good restaurant,
alone or not, is Heaven to me. I like creating things, a drawing, poem, and listening to good music with
headphones ("Sound of Silence" by Simon and Garfunkle) and going to new places in the city by bus.

16. Add additional information you would like me to know about you:

I have lived alone since I was 30. I was divorced twice, once when I was 20 and
the second time when I was 30 (no children). I had a BFF for 35 years. He passed away
just a few years ago. Both of my ex-husbands have passed away. I grew up in a small town in the
South Carolina Piedmont near the Blue Ridge Mountains. I was very lucky to have a loving family
and ancestors, including Cherokee, whose traditions I respect and admire.

Thank you for completing this intake questionnaire!

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