

Intake Form

SeK logh
Liability Waiver

First Name John Last name K.
Phone bell 10
Address 10
Occupation 10 Date of birth 10
Date 04/05/24 Completed by: 10

What are your reasons for coming to yoga?

"I thought it would fun"

Have you had any experience with yoga or meditation? If so, please describe it.

Took an ^{adaptive} yoga class in 2017 at Spring Hill Rec

What kinds of challenges are you dealing with right now?

none in particular (I got agitated
answering these questions)

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...
...

HEALTH HISTORY

Have you ever been diagnosed with any of the following conditions?

NO

- | | |
|--|--|
| ☐ Osteoarthritis/rheumatoid arthritis | ☐ Breathing problems (asthma, COPD) |
| ☐ Osteoporosis | ☐ Digestive issues |
| ☐ Spinal fracture | ☐ Reproductive system issues |
| ☐ Herniated/ruptured disc | ☐ Cancer |
| ☐ Spinal fusion or discectomy | ☐ Diabetes |
| ☐ Scoliosis | ☐ Epilepsy |
| ☐ Bone fractures (last two years) | ☐ Headaches |
| ☐ Low bone density | ☐ Immune conditions |
| ☐ Heart conditions | ☐ Fibromyalgia |
| ☐ High or low blood pressure | ☐ Chronic fatigue syndrome |
| ☐ Circulation problems | ☐ Mental health challenges |

Please provide more details about any checked areas above

Have you had any treatments or surgeries in the past five years?

DATE

NO

List your current medications

Risperdal 0.5 mg BID
guanfacine ER 4 mg

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15 min

Do you have pain or mobility limitations in any of the following areas? No

- ☐ Neck ☐ Upper back ☐ Hips ☐ Elbows ☐ Hands ☐ Wrists
☐ Shoulders ☐ Lower back ☐ Sacrum ☐ Knees ☐ Feet ☐ Ankles

If so, please describe them.

Are you currently receiving any treatment? No

What is your daily activity level?

- ☐ Sedentary ☒ Move some ☐ Move a lot ☐ Other (please explain)

What kind of exercise do you engage in?

- ☐ None ☒ Walking ☐ Running ☐ Biking ☐ Weightlifting ☐ Aerobics ☐ Yoga
☒ Other (please explain) shoots baskets, swims, bowls

How often do you exercise?

- ☐ Sporadically ☐ Once a week ☒ 2-3 times a week ☐ 5 days a week ☐ Every day

How many meals do you eat per day?

- ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ More than 5 + 1 snack

Please describe your current diet

- ☒ High in fruit and vegetables ☐ High in animal protein ☐ High in carbohydrates
☐ High in processed foods ☐ Paleo ☐ Vegetarian ☐ Vegan ☐ Other

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PRANAMAYA (ENERGY AND PHYSIOLOGY)

What is your typical energy level?

☐ Low ☐ Medium ☒ High ☐ Variable ☐ Other

What is your sleep quality?

☒ Restful ☐ Restless ☐ Frequently interrupted ☐ Not enough ☐ Too much
☐ Trouble getting to bed ☐ Trouble falling asleep ☐ Trouble staying asleep
☐ Other

What is your stress level?

☒ Low ☐ Medium ☐ High ☐ Variable ☐ Other

What is the source of your stress?

Frustration

What do you do to counteract stress?

Takes deep breaths, count to 10, play with putty

Are you currently experiencing any issues with any of the following systems? NO

☐ Digestive ☐ Respiratory ☐ Endocrine ☐ Nervous ☐ Circulatory ☐ Reproductive
☐ Endocrine (hormones) ☐ Lymphatic (immunity) ☐ Integumentary (skin) ☐ Urinary

If so, what kinds of issues?

Are you currently receiving any treatment? NO

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Do you have any trouble concentrating?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

Do you have trouble remembering things?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

Do you experience any recurring memories that are bothersome?

☐ Yes ☐ No ☐ Don't want to talk about it

How often do you feel anxious?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

How often do you feel depressed?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

Does your current mental state impact the quality of your life?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All the time

If so, in what way?

VIJNANAMAYA (PERSONALITY AND EMOTIONS)

Which emotion have you felt most often in the past two weeks?

(These are really hard for JK to answer -

- ☐ Happiness/Joy ☐ Gratitude ☐ Excitement ☐ Serenity ☐ Hope ☐ Inspiration ☐ Love
☐ Anger ☐ Irritation ☐ Sadness ☐ Frustration ☐ Guilt ☐ Fear ☐ Disappointment
☐ Other (please specify)

in general he is really happy.

Do you like feeling this way?

- ☐ Yes ☐ No ☐ Sometimes

Do you currently feel (check all that apply):

- ☐ Stable ☐ Vital ☐ Empowered ☐ Connected ☐ Expressive ☐ Insightful ☐ Inspired

How satisfied are you with the quality of your life right now?

- ☐ Completely ☐ Moderately ☐ Somewhat ☐ Not really ☐ Not at all

What would you like to change, if anything?

ANANTAMAYA (JOY AND CONNECTION)

During the past two weeks, was someone available to help you if you needed help?

- ☒ Yes, as much as I wanted ☐ Yes, quite a bit ☐ Yes, some
☐ Yes, a little ☐ No, not at all

How would you describe your spiritual/religious life?

N/A

What do you enjoy in your life? Do you have hobbies?

School, work, cooking, swimming, bowling