Light of Light Yoga Therapy Intake Form

Welcome! As a means of better serving you, please answer as many of the questions below as is comfortable for you. Once completed, please email the form back to me at least two days before our first meeting. Your personal information is absolutely confidential. It is for professional use only.

Many thanks,
Joy Sciabica joy@lightoflightyoga.com

Full name [redacted] Age 36 Personal Pronouns (they/them) Date 3/29/24

Email address [redacted]

Home address [redacted]

Phone number: cell other

Occupation (previous if retired) therapist

Emergency contact: Name [redacted] Phone number: [redacted]

Yoga ~~~~~~

What motivated you to begin yoga therapy at this time?

Alissa's offering, and I would love to find an accessible yoga practice

Are there any particular benefits you hope to derive from yoga therapy?
Possibly- Stress reduction, strength, flexibility, balance, focus, process loss/grief, reduce anxiety symptoms, ease depression, improve posture, mindfulness and meditation, address a specific medical condition.

strength, mindfulness, increasing flexibility

Have you practiced yoga before? **Yes** ☐ No ☐
Do you currently practice yoga? Yes ☐ **No** ☐

If you have any concerns about participating in yoga therapy, please briefly describe them below.

Just the strain on my joints potentially - I sort of practice yoga but probably not correctly and I'd like to make it a routine

Health and Well-Being~~~~~~

Current level of physical activity.
Please indicate your level of physical activity on a scale from 1 to 5 as described below.
1=inactive/sedentary, **2**=light, ***3****=moderate,* **4**=strenuous, **5**=endurance.

Exercise Routine

Do you have an exercise routine? Yes ☐ No ☐

If yes, please describe. Such as activities, frequency, self-directed or guided, duration, intensity.

Sort of? When I feel okay, I try to ride my bike, go for a walk, and go Latin dancing

Mobility

Are any functional movements and tasks difficult for you? For example: lowering to the floor, getting up from the floor, reaching, bending, twisting, walking, going up or down stairs, standing, getting in/out of a car. **Yes** ☐ No ☐

If yes, please describe.

It honestly depends on the day- my wrists are always a problem, and my right shoulder has been really painful

Daily Routine

Do you have a typical waking routine? Yes ☐ No ☐ - not daily, but when I can

Do you have a typical preparation for sleep routine? Yes ☐ No ☐ I try! Sleep is a real struggle

Do you have a typical mealtime schedule**? Yes** ☐ No ☐

Sleep

How many hours do you usually sleep each night? depends - 5-9 hours? It varies

On average, what time do you go to sleep and wake up? Sleep time depends Wake time also depends

Do you have difficulty falling asleep? **Yes** ☐ No ☐

Is your sleep typically interrupted? **Yes** ☐ No ☐

If your sleep is interrupted, what usually wakes you up?

either my dog, a neighbors dog, people mowing their lawn, or some other noise

Do you typically wake up feeling refreshed? Yes ☐ **No** ☐

Eating Patterns

Would you like to make any changes to your eating patterns? Such as eating schedule, frequency of eating, aligning eating patterns with overall wellness goals.

Yes ☐ **No** ☐

If yes, you are welcome to describe your goals in this area.

I have a lot of food allergies, and food prep is difficult. I'm not sure there's much that can be done that I'm already doing.

Energy level

Please indicate your *overall energy level*. On a scale from 1 to 5 as described below.

1=Very low/lethargic, **2=Low/fatigued,** **3**=Moderate, **4**=High, **5**=Very High/Overdrive

When are you most energized? evening When are you least energized? mornings

Stress

Please indicate your *overall stress level*. On a scale from 1 to 5 as described below.

1=No stress, **2**=low/minimal, **3**=Moderate, **4=High,** **5**=Very High

Are there any specific life circumstances contributing to your stress level now? **Yes ☐** No ☐
If yes, you are welcome to describe your primary stressors.

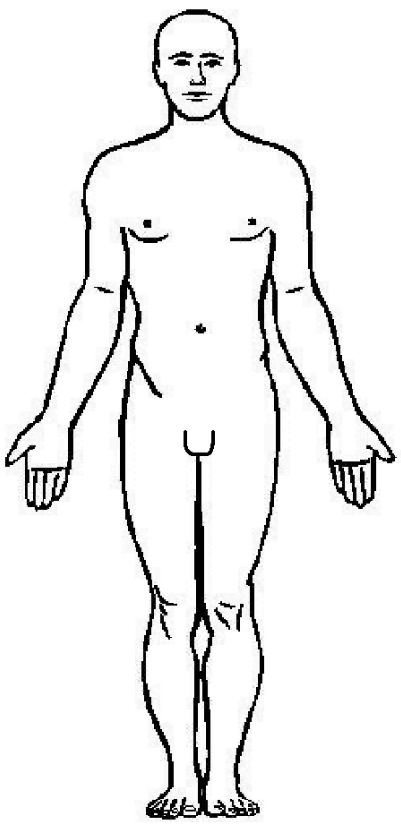
Financial safety as I build my caseload and the health of my Dad

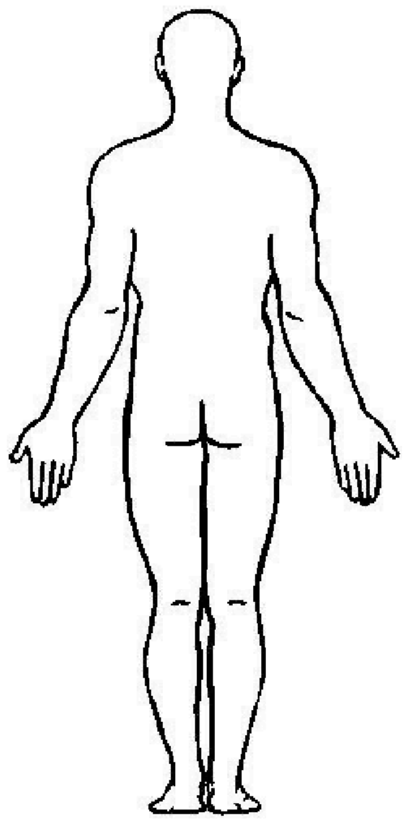
What do you do to cope with the stress in your life?

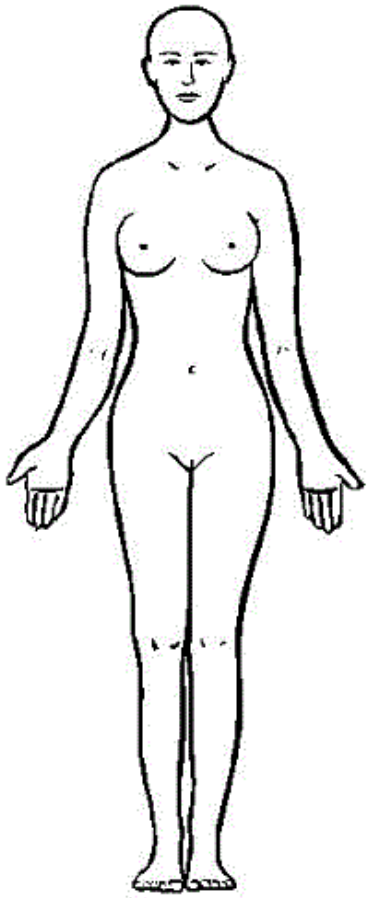
Meditation, nature, music, dance

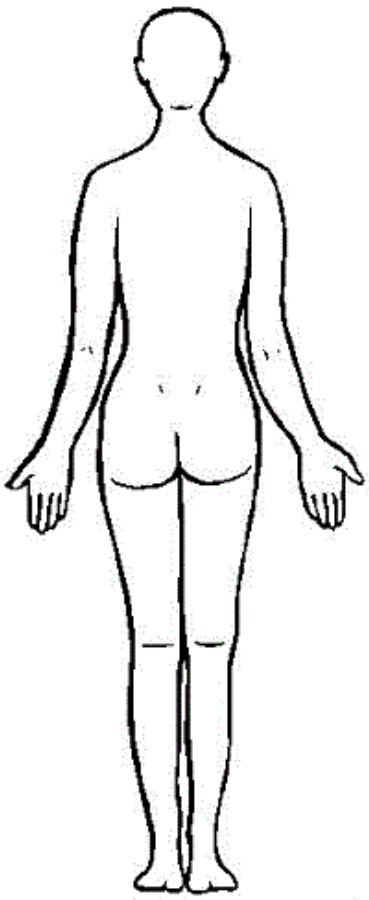
Physical and Mental Health ~~~~~~

Health conditions. You may describe areas of pain, numbness, or discomfort here: Right hand/wrist/and shoulder, ankle instability (have a foot doctor appointment in about a week to correct this), low back and hips









Do you have a history of any of the following? Please check all that apply.

☐ **Allergies**	☐ Elimination~ constipation, diarrhea	☐ **Neuropathy, tingling, numbness**
☐ **Anxiety** or panic attacks	☐ Eye disease	☐ Osteoporosis, osteopenia
☐ Arthritis	☐ **Fatigue, lethargy, low energy**	☐ PMS/Menstrual pain
☐ Asthma	☐ Head injury~ TBI, concussion(s)	☐ Respiratory condition(s)
☐ Cancer, Type	☐ **Headache, migraines**	☐ Sciatica
☐ **Chronic Pain**	☐ Heart disease	☐ **Seizures**
☐ Circulatory issues, swelling	☐ High blood pressure	☐ Stroke
☐ Depression	☐ Insomnia, sleep issues	☐ Thyroid condition(s)
☐ Diabetes	☐ **Joint pain**	☐ Urinary condition(s)
☐ **Digestive/gastrointestinal illness**	☐ Memory issues	☐ Weight concerns
☐ Difficulty concentrating/focusing	☐ Muscle pain, stiffness, cramping	☐ Other
☐ **Dizziness/vertigo**	☐ Neurological disease	

Are you seeing a health care provider for any of the above or other conditions? **Yes** ☐ No ☐
If yes, please list any diagnoses, type of provider, and current treatments.

I see my neurologist for migraine injections every 3 months.

Have you tried other integrative therapies such as acupuncture, chiropractic care, massage therapy, or ayurveda? **Yes** ☐ No ☐
If yes, please note the type of care and its effects.

I wish I could afford acupuncture and massage because those were really helpful - also contributing to the financial stress as I can't get all the treatments I need, and due to food allergies my food costs are extremely high, as is my health care premium and copays/prescriptions each month

Have you had any surgeries, major injuries, or hospitalizations? **Yes** ☐ No ☐
If yes, please note when and briefly describe each.

emergency gallbladder removal in 2017

Do you have a history of trauma or current/ongoing traumatic circumstances in your life?
Yes ☐ No ☐

Do you have a history of substance abuse/addiction? Yes ☐ **No** ☐
Are you in recovery presently? Yes ☐ **No** ☐

Do you consume any of the following substances: alcohol, caffeinated beverages, tobacco products, or marijuana? Yes ☐ **No** ☐
If yes, please note the substance and typical daily or weekly consumption of each below.

n/a

Are you receiving professional psychiatric care for any of the above or other mental health concerns? Yes ☐ **No** ☐

If yes, please list any diagnoses and current treatments related to your mental health.

Please list any prescription medications, vitamin, and/or herbal supplements you take.

I take seizure medication, migraine medication, hormones for endometriosis

If you would like to share any significant events that have shaped your life, please do.

childhood trauma, societal oppression, religious trauma (but I am very spiritual)

Wisdom and Intellect ~~~~~~

What are you learning, curious about, and/or teaching others?

how to incorporate mind-body healing for processing trauma for my clients

Do you like to read, listen to audio books, and/or listen to podcasts? **Yes** ☐ No ☐

Community and Social Engagement ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Are you connected to an accessible social support network such as family, friend groups; church, special interest, or charity/volunteer groups? **Yes** ☐ No ☐

Do you have a pet? **Yes** ☐ No ☐

Is loneliness a concern for you? Yes ☐ **No** ☐

Spirituality and Mindfulness ~~~~~~

Do you have a spiritual practice? This could range from strong religious affiliation to experiencing the wonders of the natural world. **Yes** ☐ No ☐

If yes, please briefly describe.

I call it being at one with The Woo (or witchy), but really just focuses on nature, energy, and connection to the universe

What aspects of your life are meaningful to you? continuing to help animals, people, nature, being involved with the arts/dance

What inspires you? it depends what I'm called to honestly! Mainly injustice and how to find solutions

Do you have any special interests that allow you to express yourself in a uniquely personal or creative way? For example, playing an instrument, crafts, writing, cooking, home design, gardening, singing, visual arts, dance, outdoor activities, sports, etc. **Yes** ☐ No ☐ If yes, please briefly describe.

dance and painting!

Mindfulness and Meditation

Do you practice mindfulness or meditation? **Yes** ☐ No ☐

If yes, please briefly describe.

I have a routine meditation practice and include journaling

If no, are you interested in exploring meditation? Yes ☐ No ☐

Anything else?

You are welcome to share any other related thoughts, questions, or concerns that you may have.

I think that's it for now!

~~~ Many thanks for your responses. ~~~