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.

Name __BD____Date

__________________ Address

____ Phone

number __________________ Email _______________________________________

Profession ____

Pronoun(s) ____________________________Weight ______________Height __________

Date of Birth ____ Age_______________

Emergency Contact ____

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.

Please bring the completed New Client Questionnaire to your first visit

Please also bring a Yoga mat and wear comfortable clothing

Client confidentiality will be observed under all circumstances.

If you do have any questions please contact your practitioner:

____

Please mark the answer most related to your response.

Are you familiar with Yoga? *Yes I*f so, what is your experience? Learned from a book many years ago, used to do it all the time, haven't done it in years because of flexibility limitation.

Do you currently exercise? *Regularly Pickleball two house three times a week, yard work, woodworking*

How would you describe your general health? *Great! Good Okay Fair Poor* Do you have injuries or limitations? Very good other than severe osteoarthritis

Please briefly explain any specific condition you seek to improve through Integral Yoga Therapy. Increase flexibility, decrease pain in joints.

Are you currently under the care of a doctor or other healthcare provider? *Yes Dr. Bradner, PCP*

Do they know you are seeking support through Integral Yoga Therapy? No

Do you have a diagnosis from a health care practitioner about this condition? *Yes 40 years*

How would you rate your stress level (circle one)? *Low, current stressor is politics*

Please describe your practices, means, and coping mechanisms for handling stress (including allopathic and integrative approaches). I focus on things that I can do.

Are you able to easily get up and down from the floor? *No*

Do you feel your diet needs improvement? *Yes*

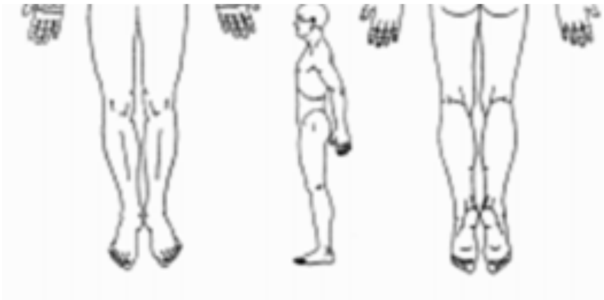
Do you currently use tobacco products? *No* Have you ever used tobacco products? *Yes*

Do you inhale smoke in any form (tobacco, incense, marijuana)? *No*

How would you describe your social support system?

Exceptional

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



Please list any relevant medical history (major injuries, hospitalizations, or surgeries)

YEAR	EVENT	TREATMENT	OUTCOME
2015-1016	Hip replacement x 2		

Please circle any of the following conditions or issues that you have experienced:

back pain (low, middle or upper back)

disc problems

other spinal/skeletal problems

muscular injuries

leg pain or cramps

circulatory problems

heart conditions

edema (swollen hands or

feet) varicose veins

arthritis (where?) x

__diffuse, left shoulder,
wrists, thumb,
____

Other Conditions:
high blood pressure

stroke history

low blood pressure,

dizziness or fainting

fatigue

headaches

allergies

asthma

other respiratory

problems

physical abuse

sexual abuse

psychological abuse
stress

anxiety

depression

insomnia

nausea & indigestion

elimination

problems

cancer

diabetes

are you currently
pregnant? due date

____

Please list any prescription or non-prescription drugs you are taking and describe what they are for. Celebrex 100 mg at hs, A-Reds eye vitamins

Energy and Breath

What time of day do you have the most energy? M*orning*

When do you usually sleep (time asleep and time awake)? 10-11 until 6:30-7

How would you describe the quality of your sleep? *Good*

Do you have any breathing challenges not mentioned above?

How would you describe your breathing?

Mental Health

Please list any current mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, OTC, Behavioral, etc.)	CURRENT STATUS

Please list any previous mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	MEDICATIONS	HOSPITALIZATONS	THERAPY

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

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

Wisdom and Intellect

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

Teaching woodworking, socialization

TeWhat are you in the process of learning and/or teaching others? I constantly am learning

about everything! I teach woodturning.

What would you like to learn and/or teach?

Connection and Meaning/Purpose

Do you have a religious/spiritual orientation? Yes

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

connected in meaningful ways? Yes

Do you feel that you know why you are here? (Alive on Earth) Yes

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

anything else you would like to share? How can we best support you? I believe in

love, honesty and connection with others.