hush studio

Yoga Therapy Intake + Assessment 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 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.

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.**

PERSONAL DATA

First name: Marylu

Last name: M[redacted]

Address:

City/State: EB, NJ

Phone Number:

Email Address:

DOB:

Age: 71 **Receive Newsletter?** (Y) N

Occupation: retired

Pronouns: N/A

Emergency Contact: Brian M[redacted]

Phone:

How did you hear about *Hush Studio*?

EB Senior center

GOALS

What does optimal health mean to you? Mostly mental health oriented, not having pain internally, well being and overall how to make yourself feel better,

What is your previous yoga experience? Chair yoga at senior center, currently a member at Hush Studio.

What is your reason for seeking out Yoga Therapy?

N/A - I asked her

What are your goals for Yoga Therapy?

See last page

MEDICAL HISTORY

Please list your current and previous health conditions. Please include medical diagnoses, surgeries, accidents, injuries, etc. w/ approximate dates:

HTN, pre-DM, 2 knee replacements (arthritis)

Are you seeing anyone for treatment of one or more of these issues? (Please explain)

GP

- Lots of recurring thoughts about death, "next in line"
- dealt w/ an alcoholic husband who left for 2 months to rehab.

Please list your current medications, dosages and any supplements you're currently taking:

BP meds

What do you consider to be your strengths in terms of your current health and wellness?

eats well ("old school style"); loves games and puzzles to keep her mind sharp.

DIET AND LIFESTYLE HISTORY

Please describe your typical eating pattern. What do you typically eat for breakfast, lunch, dinner and snacks?

old school eating (meat, potato, veg); does not like processed foods or ethnic foods

Do you drink alcohol? If so, how much?

Ø

Do you smoke cigarettes or cannabis? If so, how often?

quit 24y ago

How much water do you drink daily?

8 glasses

Do you drink coffee or other caffeinated beverages? If so, how many cups/day or caffeine/day?

coffee in AM, tea sometimes

Do you follow any specific types of diet such as Keto, Paleo, Ayurvedic, etc? If so, please explain:

Ø

How is your digestion? Do you have daily, regular bowel movements? regular

Do you have a daily physical exercise routine? If so, can you describe? stretches in the AM, stationary bike at home, yoga

What are your favorite physical activities or movements? walking

Please describe your sleep habits. Do you generally sleep through the night? Do you remember your dreams? Can you tell me more about this and what it could possibly tell you?

Sleeps well but wakes up 1-2x/night to pee.

Do you feel rested when you wake up in the morning? Yes

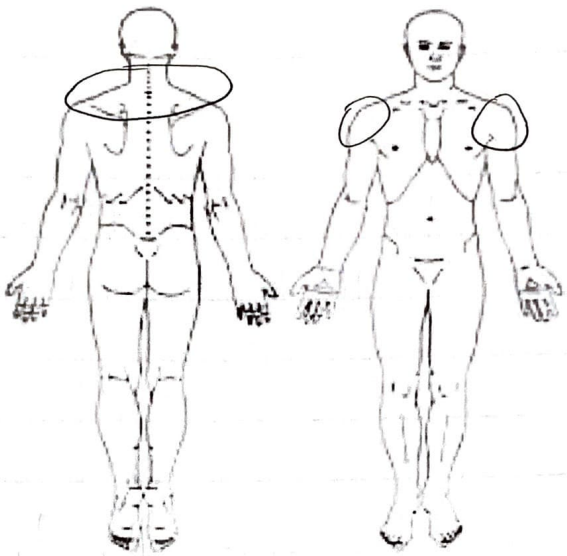
Please describe your overall energy level. Does it fluctuate or stay consistent? When are you the most energized throughout the day? Least energized?

Good energy until about 3pm - then start to progressively get more tired as the night goes on.

STRESS MANAGEMENT

Where do you hold tension in your body (please circle below)? Upper body

Where do you experience physical pain, stiffness or discomfort in the body (please circle below)?



What relieves this pain or discomfort for you? going into a quiet room and breathing

What makes it worse? Being around her husband.

What are your perceived stress levels? depends on who she's with b-7w/ ~~husband and older son~~; 5 w/ Younger son.

What external factors tend to cause you stress? ~~husband and older son~~;

How do you typically manage your stress? breathing, sitting in a quiet room and closing eyes

Do you experience sadness, anxiety or depression? If so, how do these feelings manifest in your body? Yes - I sometimes feel tense or unmotivated.

What life challenges are you currently facing? Feeling like I'm "next in line"; declining health, aging

What aspects of your life give you the most joy and pleasure? grandkids and family

How are your relationships currently with:

Family: good

Spouse: could be better - a lot of his home

Children: good - more complicated w/ older son

Friends: good

Co-workers: Ø

Other:

If you could change a habit, what would you change? ↑ motivation for health

How would you define the word *spirituality*? feels like she's "earned her wings and place in Heaven" due to struggles w/ husband.

How do you express your spirituality? NA

What in life gives you the most fulfillment? grandchildren / babysits a lot

What do you do for fun? Please describe: Yoga, friends

And what do you do to relax? Please describe: watch TV, read, puzzles

Care Plan Goals - By the end of our work together, can you tell me three things that you would like to accomplish or be different?

① to create an "I can do this mindset" in relation to her health, weight, overall fitness ② ↑ confidence and how to speak her truth and voice her opinions; feels "dumb" when speaking out loud; ③ ↑ strength

Is there anything else you would like to share with me? If so, please explain.

Waiver of Consent

I MM (print name) understand that the practice of Yoga therapy is provided for the wellbeing of my mind and body and in no way takes the place of a doctor's care when it is indicated. It is my choice to receive Yoga therapy and it includes physical movements (on mat/chair), breath work, healing touch (for in-person sessions) and guided meditation. If I experience any discomfort or pain, I will listen to my body, adjust the posture and ask for support from the instructor. I know that I always have permission to come out of a posture at any time.

I MM (print name) acknowledge that the instructions and advice presented by the instructor are in no way meant to be a substitute for a medical examination, diagnosis and counseling from your healthcare professional. Consult your healthcare professional before beginning this or any other healthcare program. Information exchanged during any Yoga therapy session is educational in nature and is intended to help me become more familiar and conscious of my health status and is to be used at my own discretion.

I MM (print name) acknowledge that participation in this program may involve some risk of injury due to the nature of the activity. In consideration of my acceptance of this program, I do hereby release and forever discharge for myself, my heirs,

executors, and administrators, any and all claims to collect damages against Dhyana Wellness LLC or her representatives, employees, agents or officials, sponsors or any officials of this program. I further represent that I am in a good physical condition and as such am able to participate in this program. I promise to practice yoga mindfully.

Signature of Client, Parent or Guardian

MM Date 8/30/24

Thank you so much for taking the time to complete this Intake Questionnaire. It will be very helpful in developing an organized, thoughtful and effective treatment plan. Please let us know if you have any questions.

We look forward to working with you!

MaryLu [redacted]
71y

Husband is a recovered alcoholic x 20 years. Went to rehab for 2 months (2004) - brother passed at 27y (cancer) - lots of family issues here. Husband smokes pot.
Has 2 sons. Both married. (45 and 38)

Anger, rage - during the time

Was a smoker - quit 24y ago.

5 brothers and a sister, Dad died at 50 (cancer) - large family, one brother is gay
Married at 20 - "got married to get out of the house"

Says her husband is her BF, but very frustrated w/ how he acts,
Lots of loss, loves animals

Optimal health - mental health, inside, not having pain internally, how you feel, wellbeing and how to make yourself feel better; says she feels healthy "sometimes" depends on her mood; says she's "next in line"

Medical:
Hypertension, pre-DM, both knees replaced

Strengths: eats well (old school), no fast food, no ethic foods; games and puzzles (loves keeping her mind sharp) and reads a lot

Does not drink alcohol, coffee/tea

Exercise:
Stretches, yoga, stationary bike at home

Sleep: wakes up a lot to go to the bathroom, 2a and 4am (8 hours), feels rested upon waking; 3pm slump but consistent energy mostly during the day

Tension in body - shoulders, upper body
Stress level - 1-10 (depends on who she's with) - 6 or 7 w/ husband and older son, younger son 5; manages stress by walking into a quiet room and closes eyes, relaxes (husband stresses her out because of no common sense)

Life challenges: "next in line" - worries about "declining" - stay healthy, upbeat

Pleasure and joy: family, grand kids (6 kids); babysits a lot

Religion: doesn't go to Church, binges going, then stops (feels like she's earned her wings); she "thinks she's spiritual"; went to catholic school

Goals:
1) to develop a "I can do this mindset" - in relation to weight and getting started working on her health

2) Improve confidence - learn how to speak her mind (throat chakra) - what holds her back? Talks herself out of things - decides things aren't for her even before she tries it - always feels like something will happen, afraid to sound stupid around people - embarrassed? (Thinks her husband did this to her)
3) Increase strength esp. in relation to her arthritis and knees