Please answer the following questions or mark the answer most related to your response.

Why are you seeking Yoga Therapy?
extremely painful shoulders

Are you familiar with **Yoga**? Yes No
If so, what is your experience?
occasional - when I make life rain while I do yoga instead of yoga waiting in life

Medical provider

Are you currently under the care of a doctor or other healthcare provider? Yes No
If so, please identify the provider(s):
[redacted]

Please briefly explain any specific condition you seek to improve through Integral Yoga Therapy.
PCP

Do you have a diagnosis from a health care practitioner about this condition? Yes No NA
How long have you had this condition? NA

Physical Body

Do you currently exercise? Regularly Occasionally Infrequently
If yes, what kind of exercise and how often?
walking

How would you describe your general health? Great! Good Okay Fair Poor
Do you have injuries or limitations?
no

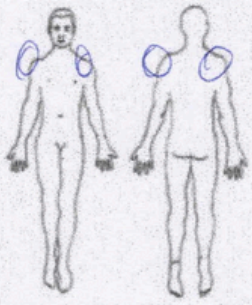
Diet

Do you feel your diet needs improvement? Yes No
Do you inhale smoke in any form (tobacco, incense, marijuana)? Yes No

Do you drink coffee or any other stimulant? How often? NO

Pain

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. How much is your pain on a scale from 1 to 10?



depends on the day -

Please list any relevant medical history (major injuries, hospitalizations, or surgeries)
(year event treatment outcome)

Please list any prescription or non-prescription drugs you are taking and describe what they are for.
Losartin aspirin) heart Levothyroxin - thyroid
Metoprolol rosuvastatin)

Energy and Breath

What time of day do you have the most energy? Morning Mid-day Evening Night Please share anything you'd like to tell me about your energy level

When do you usually sleep (time asleep and time awake)?
Varies

How would you describe the quality of your sleep? Great Good Okay Fair Poor
If you experience fatigue, please describe its impact, frequency, and what you do to manage it. - keep going unless I can sneak in a nap (not usually)
How would you describe your breathing? great

Mental Health

Please feel free to describe the current sources of stress in your life.
grief; not enough time; too much to do; raising a 1.5 year old granddaughter & ~~[illegible]~~ sibling issues

How would you rate your stress level (circle one)? Low Moderate High Very high
depends on day - working on alleviating + eliminating heaviest stress carriers

Please describe your practices, means, and coping mechanisms for handling stress (including allopathic and integrative approaches).
breathing, music, meditation, walking, writing, art

Please describe your practices, means, and coping mechanisms for handling stress (including allopathic and integrative approaches).
Breathing, music, meditation, walking, writing, art

Please list any current mental health diagnoses and treatment.
NA

Please list any previous mental health diagnoses and treatment.
NA

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

Wisdom and Intellect

What are the major sources of intellectual stimulation and engagement in your life now?
making art for a solo exhibit ~~for~~ in an entire museum

What would you like to learn and/or teach?

Connection and Meaning/Purpose

How would you describe your social support system? Exceptional Strong Okay Marginal Poor
if I would let them & if I wasn't grieving & they'd be strong

Do you have a religious/spiritual orientation?

What connection is important for your life and health (nature, family, pets, volunteering, 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?