Intake form: Yoga therapy for chronic pain and health conditions

Name:_____

Are you familiar with yoga?____yes_____

If so, what is your experience? _I used to do it occasionally 6-8 years ago. I spent a few days at Yogaville, VA 2 years ago but with my weight it is hard to do some of the poses_____

How would you describe your general health? ___Great __x__ Good ___Okay ____ Fair____ Poor

Do you have any physical limitations?__Not really_____

Do you have any injuries?_____I am going to PT for sciatica and have lower back pain mainly from moving heavy objects not an injury_____

Do you have any health issues that I should know?_____No_____

What are specific reasons for you to attend this class (i.e., what would you like to maintain/improve)?
____to try and relieve my back pain mainly and tightness I have in my hip

_____

_____

On a scale of 0-5 (0 = no issue, 5 = extreme), how would you rate your stress currently in the following areas

a. Health-related _____0_____
b. Concerns about the future _____2_____
c. Others _____1_____

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Name:_____

Are you familiar with yoga?____yes_____

If so, what is your experience? _Basics_____

How would you describe your general health? ___Great ____ Good __x_Okay ____ Fair____ Poor

Do you have any physical limitations?__Reduced flexibility in the hip, lower back stiffness_____

_____

Do you have any injuries?_____No_____

Do you have any health issues that I should know?_____No_____

What are specific reasons for you to attend this class (i.e., what would you like to maintain/improve)?
_____improve flexibility and manage lower back stiffness and pain

_____

On a scale of 0-5 (0 = no issue, 5 = extreme), how would you rate your stress currently in the following areas

a. Health-related _____0_____
b. Concerns about the future _____2_____
c. Others _____

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Name:_____

Are you familiar with yoga?____Knowledge-based only, no actual practice_____

If so, what is your experience? _____

How would you describe your general health? ___Great __x__ Good ___Okay ____ Fair____ Poor

Do you have any physical limitations?_____None that I 'm aware of_____

Do you have any injuries?_____No_____

Do you have any health issues that I should know?_____Rheumatoid arthritis, severe sinus_____

What are specific reasons for you to attend this class (i.e., what would you like to maintain/improve)?
_Being able to manage pains and aches & maintain blood pressure at the current level_____

_____

_____

On a scale of 0-5 (0 = no issue, 5 = extreme), how would you rate your stress currently in the following areas

a. Health-related _____5_____
b. Concerns about the future _____4_____
c. Others _____

Intake form: Yoga therapy for chronic pain and health conditions

Name:_____

Are you familiar with yoga?____Yes_____

If so, what is your experience? _____I have practiced yoga for many years_____

How would you describe your general health? ___Great ____x Good ___Okay ____ Fair____ Poor

Do you have any physical limitations?__Slow to get up and down from the floor_____

Do you have any injuries? Broken femur in March 2024 and is now healing_____

Do you have any health issues that I should know?_____No_____

What are specific reasons for you to attend this class (i.e., what would you like to maintain/improve)?
_____is to not be a burden to my kids as I age_____
_____
_____

On a scale of 0-5 (0 = no issue, 5 = extreme), how would you rate your stress currently in the following areas

a. Health-related _____1_____
b. Concerns about the future _____1_____
c. Others _____