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Liability W. ✓

Intake Form

First Name	W	Last name	A. G
Phone		Email	
Address			
Occupation		Date of birth	(28)
Date	04/05/24	Completed by: N (MOM + SISTER)	

What are your reasons for coming to yoga?

Yoga would help Wisam to calm down and relax. HE IS A BIT SEDINTARY BY NATURE, SO HAVING A STRUCTURED TIME TO MOVE HIS BODY IS GOOD.

Have you had any experience with yoga or meditation? If so, please describe it.

YES! WI DOES IN HOME YOGA (VIA ZOOM) W/ OUR GOOD FRIEND LINDA EVERY WEDNESDAY. THIS YOGA IS CATERED TOWARDS SPECIAL NEEDS.

What kinds of challenges are you dealing with right now?

THE BIGGEST CHALLENGES WE ARE FACING CURRENTLY ARE:

- SELF CONTROL W/ FOOD AND SUGARY DRINKS
- MANY TICKS AND REPITIONS (WHICH SEEM TO DECREASE SLIGHTLY W/ YOGA)

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HEALTH HISTORY

Have you ever been diagnosed with any of the following conditions?

- ☐ Osteoarthritis/rheumatoid arthritis
- ☐ Osteoporosis
- ☐ Spinal fracture
- ☐ Herniated/ruptured disc
- ☐ Spinal fusion or discectomy
- ☐ Scoliosis
- ☐ Bone fractures (last two years)
- ☐ Low bone density
- ☐ Heart conditions
- ☐ High or low blood pressure
- ☐ Circulation problems
- ☑ Breathing problems (asthma, COPD)
- ☐ Digestive issues
- ☐ Reproductive system issues
- ☐ Cancer
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Headaches
- ☐ Immune conditions
- ☐ Fibromyalgia
- ☐ Chronic fatigue syndrome
- ☑ Mental health challenges

Please provide more details about any checked areas above

Wi-nn has asthma
~~food~~ and ~~eczema~~ environmental allergies
-He has anxiety

Have you had any treatments or surgeries in the past five years? DATE

List your current medications

~~zoloft~~
Zoloft 100 mg 1 Qvar inhaler
Lithium 300 mg 1
Singulair 10 mg 1

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Do you have pain or mobility limitations in any of the following areas?

☐ Neck ☐ Upper back ☐ Hips ☐ Elbows ☐ Hands ☐ Wrists

☐ Shoulders ☐ Lower back ☐ Sacrum ☐ Knees ☐ Feet ☐ Ankles

If so, please describe them.

Are you currently receiving any treatment?

What is your daily activity level?

☐ Sedentary ☐ Move some ☐ Move a lot ☐ Other (please explain)

What kind of exercise do you engage in?

☐ None ☒ Walking ☐ Running ☐ Biking ☐ Weightlifting ☑ Aerobics ☑ Yoga

☐ Other (please explain) swimming

How often do you exercise?

☐ Sporadically ☐ Once a week ☐ 2–3 times a week ☑ 5 days a week ☐ Every day

How many meals do you eat per day?

☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5 ☐ More than 5 (+ SNACKING)

Please describe your current diet

☑ High in fruit and vegetables ☑ High in animal protein ☑ High in carbohydrates

☐ High in processed foods ☐ Paleo ☐ Vegetarian ☐ Vegan ☐ Other

PRANAMAYA (ENERGY AND PHYSIOLOGY)

What is your typical energy level?

☐ Low ☑ Medium ☐ High ☐ Variable ☐ Other

What is your sleep quality?

☐ Restful ☐ Restless ☐ Frequently interrupted ☑ Not enough ☐ Too much

☐ Trouble getting to bed ☐ Trouble falling asleep ☐ Trouble staying asleep

☐ Other

What is your stress level?

☐ Low ☐ Medium ☑ High ☐ Variable ☐ Other

What is the source of your stress?

W. .... SOURCES OF STRESS WOULD BE HIS ANXIETY + GENERAL CONDITION. ALSO HIS DAD (WHO WORKS ABROAD) TRAVELING BACK + FORTH — THIS DISRUPTS HIS ROUTINE + CAUSES STRESS.

What do you do to counteract stress?

WE HAVE TRIED TO KEEP HIM ACTIVE + AS BUSY AS POSSIBLE.

Are you currently experiencing any issues with any of the following systems?

☐ Digestive ☑ Respiratory ☐ Endocrine ☐ Nervous ☐ Circulatory ☐ Reproductive

☐ Endocrine (hormones) ☐ Lymphatic (immunity) ☐ Integumentary (skin) ☐ Urinary

If so, what kinds of issues?

asthma - allergies

Are you currently receiving any treatment?

HIS DAILY MEDICINE + INHALER.

WAG 5gk

Do you have any trouble concentrating?

☐ Never ☐ Rarely ☐ Sometimes ☑ Often ☐ All the time

Do you have trouble remembering things?

☐ Never ☐ Rarely ☑ Sometimes ☐ Often ☐ All the time

Do you experience any recurring memories that are bothersome?

☐ Yes ☑ No ☐ Don't want to talk about it

How often do you feel anxious?

☐ Never ☐ Rarely ☐ Sometimes ☑ Often ☐ All the time

How often do you feel depressed?

☐ Never ☐ Rarely ☑ Sometimes ☐ Often ☐ All the time

Does your current mental state impact the quality of your life?

☐ Never ☐ Rarely ☑ Sometimes ☐ Often ☐ All the time

If so, in what way?

- scared from trying new things - HE IS VERY RELUCTANT TO GO OUT OF HIS COMFORT ZONE
- Wisam likes routine + FAMILIARITY
- ITS HARD TO GET HIM TO MOVE OR EXERT ENERGY

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VIJNANAMAYA (PERSONALITY AND EMOTIONS)

Which emotion have you felt most often in the past two weeks?

☐ Happiness/Joy ☐ Gratitude ☑ Excitement ☐ Serenity ☑ Hope ☐ Inspiration ☐ Love

☐ Anger ☐ Irritation ☐ Sadness ☑ Frustration ☐ Guilt ☐ Fear ☐ Disappointment

☐ Other (please specify)

Do you like feeling this way?

☐ Yes ☐ No ☑ Sometimes

Do you currently feel (check all that apply):

☑ Stable ☐ Vital ☐ Empowered ☐ Connected ☐ Expressive ☐ Insightful ☐ Inspired

How satisfied are you with the quality of your life right now?

☐ Completely ☑ Moderately ☐ Somewhat ☐ Not really ☐ Not at all

What would you like to change, if anything?

ANANDAMAYA (JOY AND CONNECTION)

During the past two weeks, was someone available to help you if you needed help?

☑ Yes, as much as I wanted ☐ Yes, quite a bit ☐ Yes, some
☐ Yes, a little ☐ No, not at all

How would you describe your spiritual/religious life?

WE ARE DEVOUT MUSLIMS W[illegible] SOMETIMES PRAYS WITH HIS DAD AND OBSERVES RAMADAN + 2 EIDS (CELEBRATIONS) A YEAR.

What do you enjoy in your life? Do you have hobbies?

- Drawing
- building legos
- Watch documentary movies - ANIMATED FILMS
- GOING TO SEE A MOVIE 74 - VIDEO GAMES
- GOING OUT TO EAT - ART - MUSEUMS - TIME W/ FAMILY
- SWIMMING - BIKING - BEING ON THE COMPUTER