Lil Harris Yoga Therapy
New Client Intake Form

Thank you for taking time to share a little of who you are with me. What you include in this form allows me to better prepare for our meeting and tailor services to meet your needs. What you choose to disclose is up to you. If any question feels overwhelming, skip it and add it to our conversation when we meet. I suggest allowing 15-30 minutes to complete.

Our work will be to identify and support your goals of enhancing your health and well-being through 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.

Our work is client-centered, meaning you are a full participant in the journey. 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.

All information will be strictly confidential. Nothing will be shared with a third party without your consent and mutual agreement.

Name: Miranda Blydenburgh

Address: 1000 Arlington Ct. Tappahanock, VA 22560

Email: Mirandablydenburgh1011@gmail.com

Phone: 804-855-1209 **Permission to leave a message:** Yes

DOB: 10/11/1997 **Height:** 5'6" **Weight:** 121

Profession: Bartender **Preferred Pronouns:** She

Emergency Contact, Relationship & #: Jeffrey Wells II, Spouse, 804-319-0803

What are your current reasons for seeking yoga therapy? Do you have a goal for our time together?

Have a deeper connection and understanding of my body. Hamstrings are biggest concern.

What is your previous experience, if any, with yoga?

Over a year with classes with American Family

What are your current and previous health conditions? (Please include medical diagnoses, surgeries, injuries, etc. and approximate dates.) Feel free to elaborate.

YEAR	EVENT	TREATMENT	OUTCOME
2012	Surgery	Tonsils & Adenoids	Helped
2024	Miscarriage	Natural	Healed
2024	Endometriosis, Ovary Cysts, tiny fibroid	Natural	Still apparent

Who else are you currently seeing for your concerns or general health?

Massage Therapist & Chiropractor

Have you ever used tobacco or marijuana products? **Yes** **No**

When? How long? Are you currently using them?

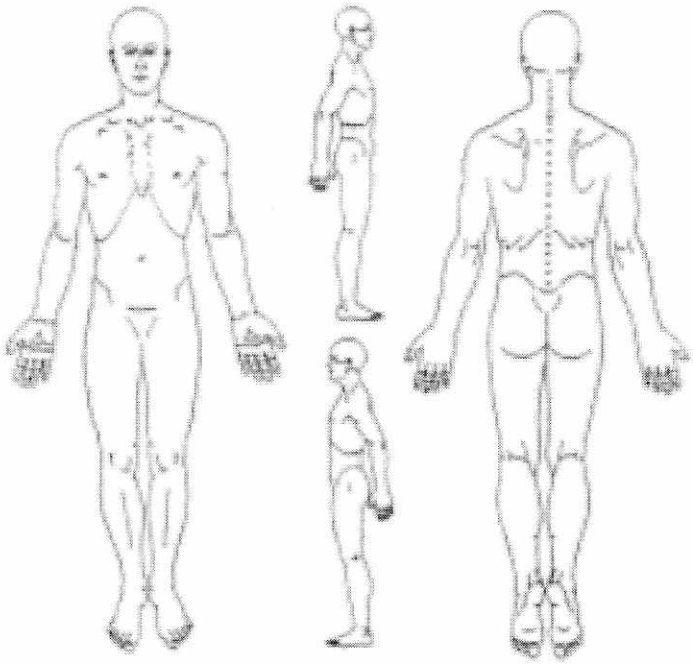
1-2 times a day, Marijuana, 6 Years,

What is your history with alcohol consumption? (How often? How much?)

Bad experience when 20 & 21. Rarely drink maybe a few a year since 24 years old. 26 now.

Do you inhale smoke in any form (including incense)? **Yes** **No**

What are the areas of discomfort in your body? (Mark where they are located, and degree of discomfort: mild, moderate, severe). Feel free to elaborate.



Where do you hold tension in your body?

Mid-Back, neck, head, hamstrings, & feet.

What relieves your pain? What increases it? (Consider the movements, activities and ranges of motion that affect you.)

Stretching regularly & Chiropractor

What are your current and previous mental health conditions?

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS
Anxiety, depression, mood disorders, adhd	2017	Not nearly as bad as past, therapy	Overall healthy and overcoming
Narcolepsy	2018	Has not been as severe	Not as severe just tired

Please list any prescription and/or non-prescription drugs and supplements you are taking, as well as what they are for:

Vitamin	Daily Vitamins

How would you describe your diet? What about it works well for you? What do you feel needs to change?

Well balanced, would like to keep incorporating new healthy meals. It works because I know what I like and can Without inflaming my joints.

Describe your overall energy. Does it fluctuate or stay consistent? When are you most energized? When are you depleted?

Feel tired quickly, most energized in the evening, takes me a couple hours in the morning to feel alert and energized

How would you describe your current level of stress: low, moderate, high? What increases your stress? What reduces it?

Moderate, mostly work and wanting to be in an environment that is different. Tired of working in the bar industry.

How would you describe your breathing? Do you have any breathing challenges?

Overall well breathing, only more difficult when running.

What life challenges are you currently facing?

Current miscarriage and working on changing job careers

What in your life brings you joy?

Being outside, working on cars, reading, going to the gym and fitness classes

If you could change one thing in/about your life, what would it be?

Job

In %, how much of your day is spent doing the following activities:

Sitting 20 % **Standing** 35 % **Driving** 20 %

Lifting 10 % **Desk Work** 0 % **Lying Down** 15 %

Average hours of sleep/night: 8-8 **Usual bedtime:** 11-12

Wake up time: 7-8 **Do you usually wake refreshed?** Sometimes

How easily do you fall asleep? Well

How easily do you wake up? Easily

What challenges do you have with your sleep quality or routine?

Mostly just staying awake during the day, feel drained after just a few hours

Do you have a regular exercise routine? Feel free to elaborate.

Classes through American Family

Describe your social support system (family, friends, etc.) What social activities do you enjoy?

Family is diverse, limited friends, socially don't go out and just go to the gym.

What connections are important for your life and health? (examples: nature, pets, volunteering, etc.)

Nature, my dog, meditation, breath, sleep

Are you active in a faith community or maintain any regular spiritual practices? How would you like to incorporate your faith into the work we do together?

Personal spiritual practice, incorporating by trust, faith, and letting go what no longer serves

What gives you your greatest sense of purpose and meaning in your life?

Helping people find peace from within versus outside sources.

I've asked you a lot of questions. What else do you want me to know about you? Use this space to share with me anything else you feel is important:

Over all just looking to ascend and grow

Instructions for our first session and next steps:

Thank you for giving thoughtful consideration as you complete this New Client Intake Form. You will have ample opportunity to address any concerns that require more detail during your appointment.

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- *Bring this completed intake with you, or email to:* **lil.harris.yoga@gmail.com**.
- *Wear comfortable clothing and bring your yoga mat and water.*