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: Thomas E Koertge

Address: 1403 Dulles Ct, North Chesterfield VA

Email: gumdoc2005@msn.com

Phone: 804 305 6779 **Permission to leave a message:** Yes

DOB: 6 Nov 54 **Height:** 6'0 **Weight:** 180

Profession: Retired-Dentist **Preferred Pronouns:** he/him

Emergency Contact, Relationship & #: Linda Koertge 804 305-5140

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

Chronic low back pain - 30+ years

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

weekly Classes for several years

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
1973	Pneumo thorax x 4	~~Head~~ thoracotomy	Resolved
2004	Umbilical hernia	repaired	resolved
2007	Kidney Stone	Lithotripsy	on going
2015	Rt elbow Lateral epicondylitis	5x	resolved
2019	Inguinal Hernia	5 x	resolved
1984	lower back pain	various PT, chiropractic, NO Sx	on going

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

M.D. – annual physicals

Have you ever used tobacco or marijuana products? Yes (No)

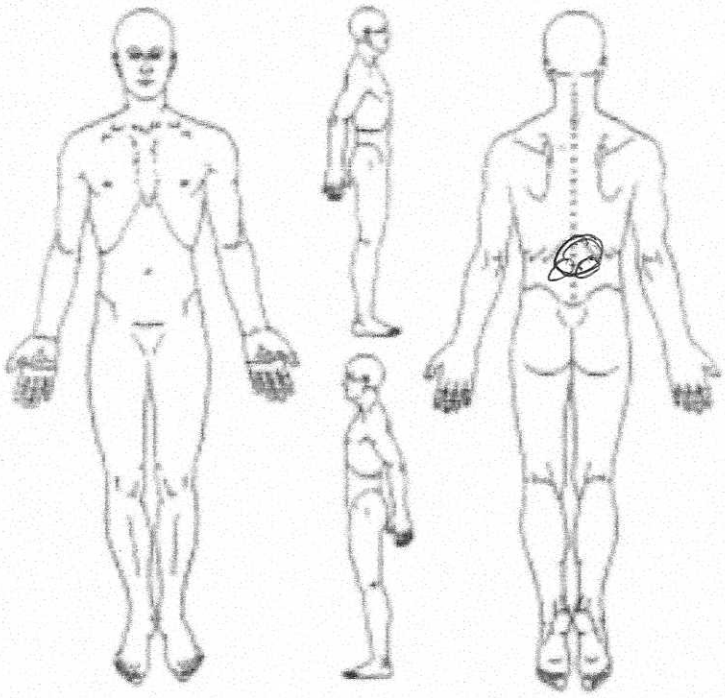
When? How long? Are you currently using them? NA

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

1 /week

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?

Lower back, neck

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

varies

What are your current and previous mental health conditions?

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS
none			

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

allopurinol	Kidney stone
rosuvastatin	- hypercholesterolemic
Doxycycline	rosacea

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

could be better, but cholesterol + sugar are within acceptable range

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

fluctuates, lower when ~~back~~ back hurts

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

low - relaxation, yoga

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

average, still play the tuba, but breathing probably decreased over the year

What life challenges are you currently facing?

retirement

What in your life brings you joy?

family, grandchildren

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

nothing

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

Sitting	35 %	**Standing**	20 %	**Driving**	3 %
Lifting	2 %	**Desk Work**	10 %	**Lying Down**	35 %

Average hours of sleep/night: 8-9 **Usual bedtime:** 8-9

Wake up time: 6-8 **Do you usually wake refreshed?** yes

How easily do you fall asleep? depends

How easily do you wake up? easily

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

sometime hard to get to sleep

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

regular weekly, ~~lots~~ weight, cardio, yoga at gym

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

family

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

outdoors, music

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?

regular church attendance

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

wife + family

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:

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.*

INTEGRAL YOGA
Client Release and Waiver of Liability Agreement

I, Thomas Koertge (Client), as a client of
Lil Harris (Trainee), hereby agree to the following:

RELEASE AND WAIVER OF LIABILITY

1. I am voluntarily participating in the Integral Yoga Therapy Practicum ("Practicum") which may involve physical, mental, emotional and spiritual wellness and Yoga practices offered by Lil Harris (Trainee). I am fully aware that Trainee is a student in training in the Integral Yoga Therapy Certification program, and at this time is NOT a Certified Yoga Therapist. I further understand that the Trainee is monitored by a Certified Yoga therapist during the time completing the Practicum and our Yoga therapy sessions will be recorded for Mentor feedback.

2. I recognize that I am choosing to participate in the Practicum in my current state of physical, mental, and emotional health. I understand that the Practicum may require physical exertion, and I represent and warrant that I am able to clearly communicate my physical capabilities and limitations, and I have no reason which would prevent my full participation in the Practicum. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Practicum. If I have consulted a physician, I have taken the physician's advice. I understand that my trainee reserves the right in their absolute discretion to refuse my participation in the Practicum.

3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Practicum.

4. In further consideration of being permitted to participate in the Practicum, I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against my Trainee, Integral Yoga owners, members, employees, and/or its instructors, teachers, volunteer staff, interns, workshop presenters, independent contractors and the landlord of the Trainee (each, a "Released Party") for any Claim that I may sustain as a result of participating in the Practicum even if the Claim arises from the negligence of any Released Party or anyone else. I agree to indemnify and hold harmless each Released Party from any loss or liability incurred in defending any Claim made by me or any third party (including the employees and agents of the Trainee and its contractors) even if the Claim is alleged to or did result from the negligence of any Released Party. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees (including attorneys' fees), legal actions, rights of actions for damages, personal injury, property damage, mental suffering and distress or death that I may suffer, my children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Practicum.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of a Released Party.

6. This agreement shall be construed in accordance with, and governed by, the laws specific to the State I am receiving my training. I have carefully read this release and waiver of liability and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this release and waiver of liability, I am giving up substantial rights that I or my heirs and assigns may have against any Released Party.

Signature of Client

Thomas E. Koertge
Printed Name of Client

3/27/2024
Date