Yoga Therapy Health History and Intake Form - Sumathi

1 response

Publish analytics

Untitled Title

Contact Information

Today's Date

1 response

Oct 2025	30

Name:

1 response

[redacted]

Email:

1 response

[redacted]

Phone number:

1 response

[redacted]

Date of Birth:

1 response

Jan 1972	10

Emergency Contact Information:

Name:

1 response

[redacted]

Phone number:

1 response

[redacted]

Email

1 response

[redacted]

Relationship to you:

1 response

[redacted]

Goal(s) and Yoga experience

Describe your primary reason(s) for seeking yoga therapy.

1 response

Improve my sleep

What are your goal(s) for our time together?

1 response

Know yoga tools to get deep sleep

Are you familiar with yoga?

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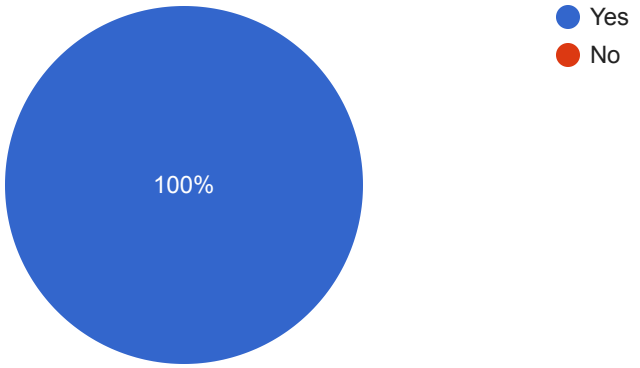
1 response



If you answered yes to the above question, please describe your experience with yoga.

1 response

Very little

What is your experience with the following yoga practices?

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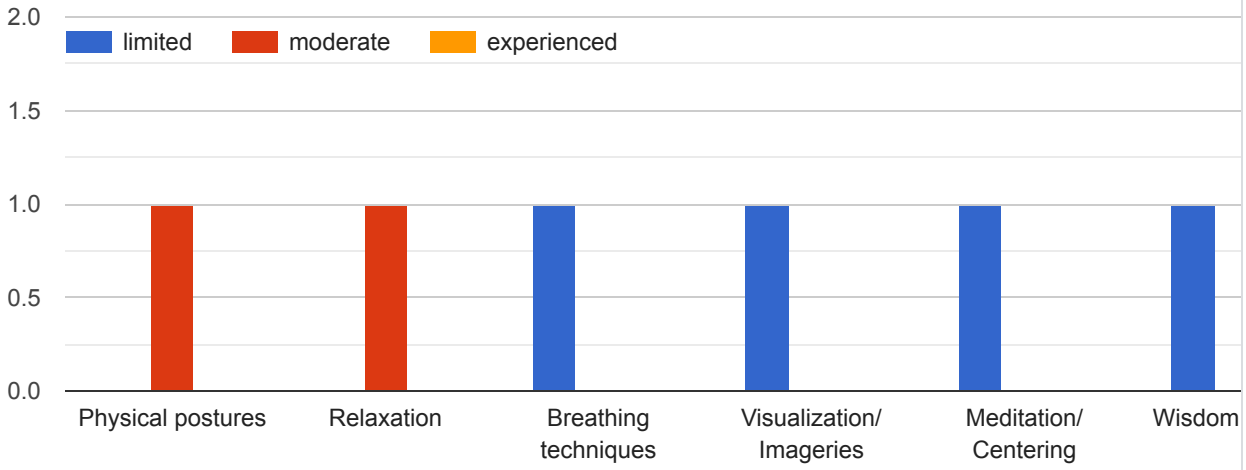

How interested are you in Yoga practices to support the following goals

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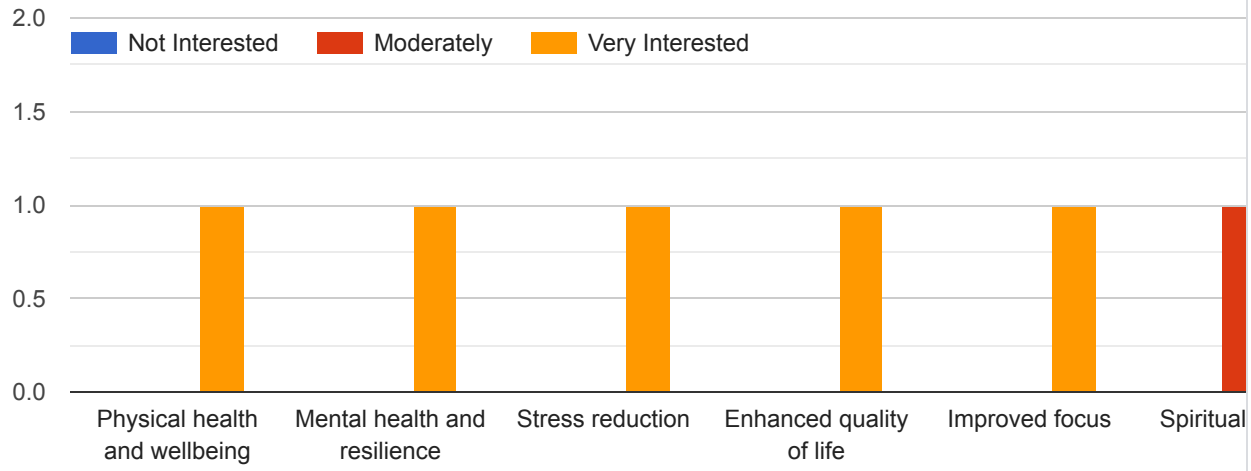
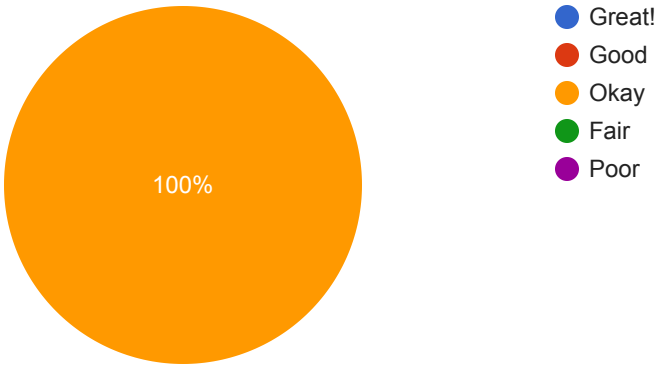


Physical health

How would you describe your general health?

Copy

1 response



Do you have any specific diagnosed condition(s) from a health care practitioner? If yes, please describe your diagnosed condition(s).

1 response

High cholesterol and varicose

Are you currently under the care of a doctor or other healthcare provider for the above diagnosed condition?

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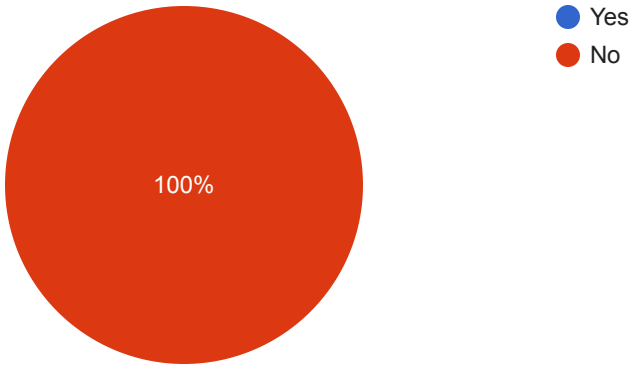
1 response



How long have you had the above diagnosed condition(s)?

1 response

two years

Do you have any limitations due to the diagnosed condition(s)? Please describe.

1 response

No

Do you have any contraindications due to the diagnosed condition(s). Please describe.

1 response

No

What life challenges are you currently facing?

1 response

body tired and fear of life

Please list the prescription or non-prescription drugs you are taking and describe what they are for.

1 response

No

Are you able to easily get up and down from the floor

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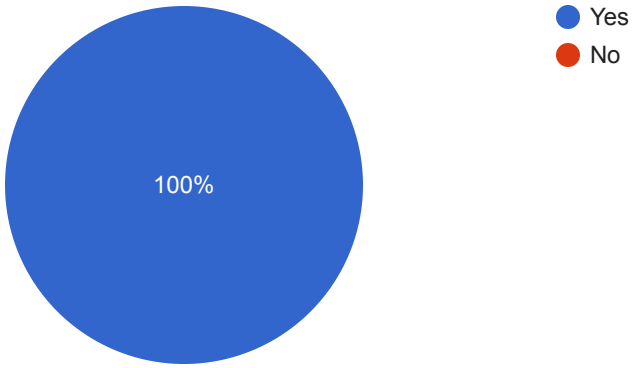
1 response



Do you have physical pain? If yes, please list the places you experience pain and feel free to elaborate on them.

1 response

Neck and leg pain

Do you have a regular exercise program? Please describe:

1 response

No

How would you describe your diet and digestion?

1 response

Good

Energy and Breath

How would you describe your overall energy level? Does it fluctuate or stay consistent?

1 response

Some times no energy in the evening

What time of day do you have the most energy?

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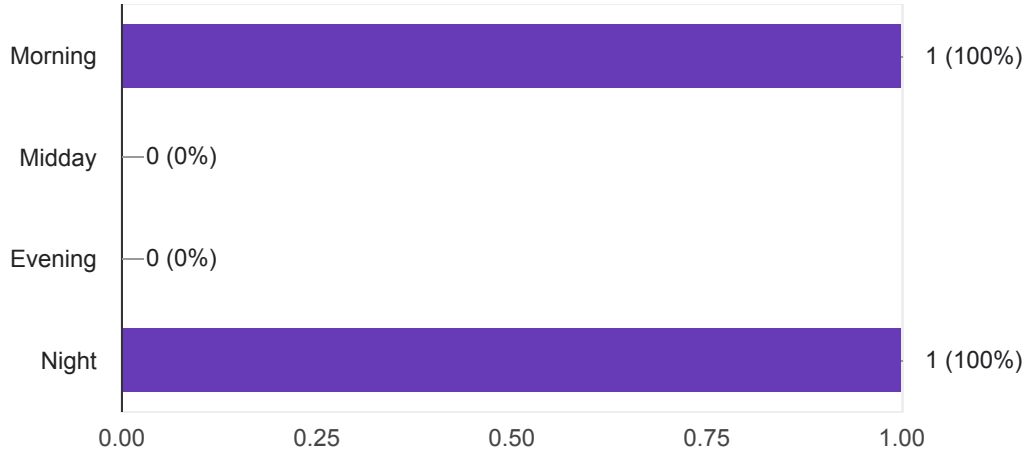
1 response



What time of day do you have the least energy?

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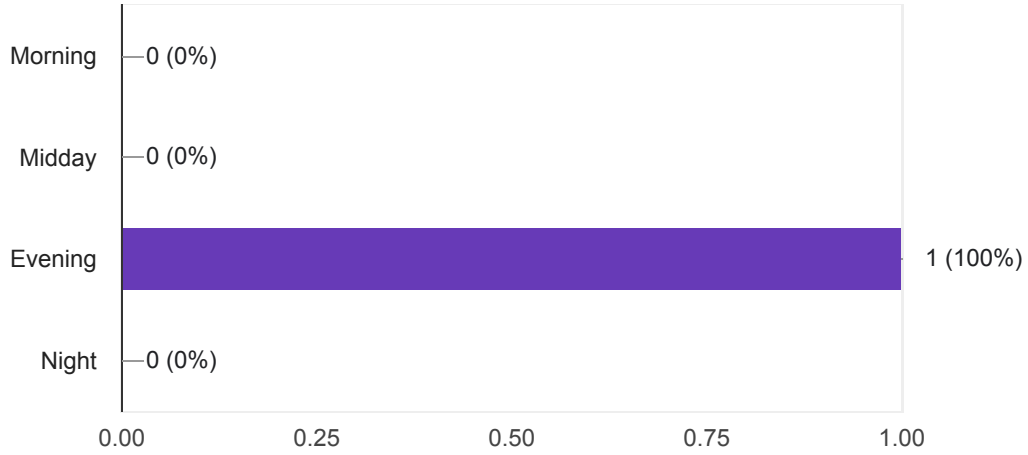
1 response



Describe your rest/sleep patterns?

1 response

11pm-6am

How would you describe the quality of your sleep?

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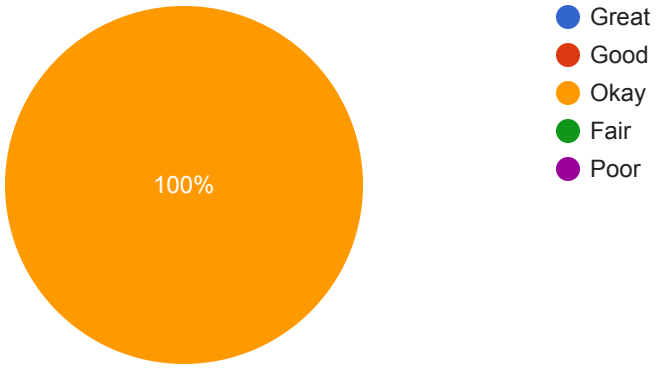
1 response



If you experience fatigue, please describe its impact, frequency, and what you do to manage it.

1 response

Weeping

How would you describe your breathing?

1 response

Short breathe

Do you have any breathing challenges? If yes, please feel free to describe your breathing challenges.

1 response

Shallow breathe

Mental health

Please list any current mental health diagnoses and treatment.

1 response

No

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

1 response

No

If you did not include prescription or non-prescription drugs you are taking for mental health, please list and describe what they are for.

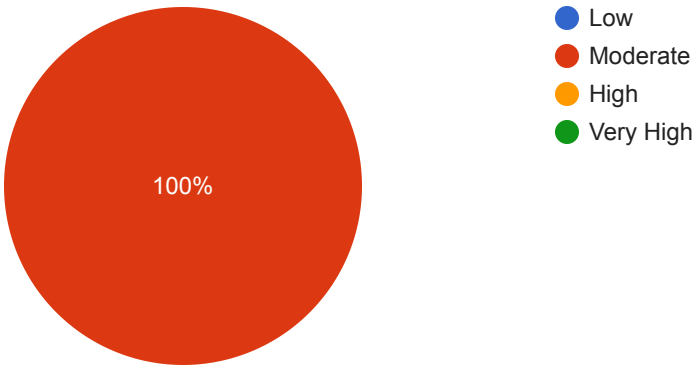
1 response

No

How would you rate your stress level?

Copy

1 response



Please describe the current sources of stress in your life

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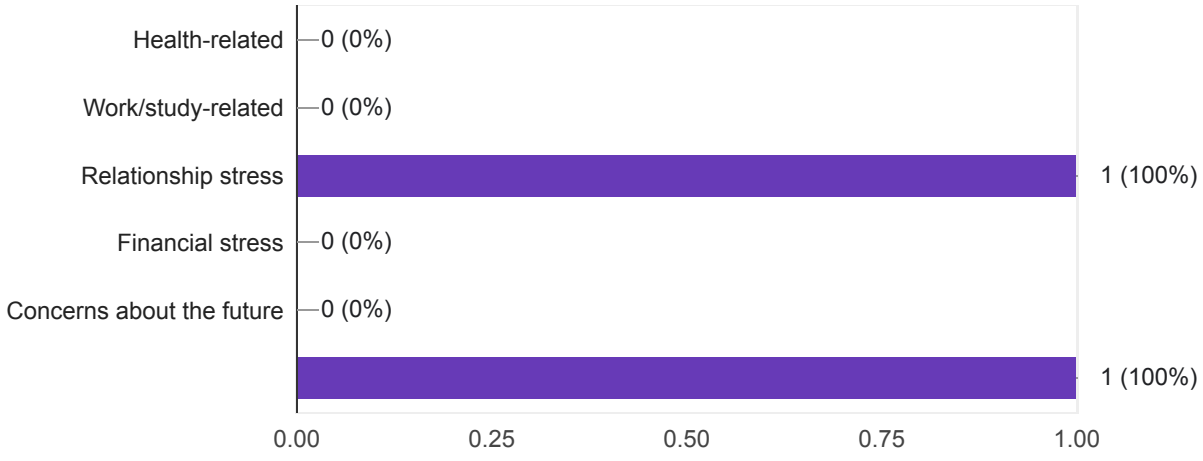
1 response



Where do you typically hold tension or discomfort in your body?

1 response

Neck and shoulders

Please describe your practices and coping mechanisms for handling stress.

1 response

buy clothes

How often do you experience

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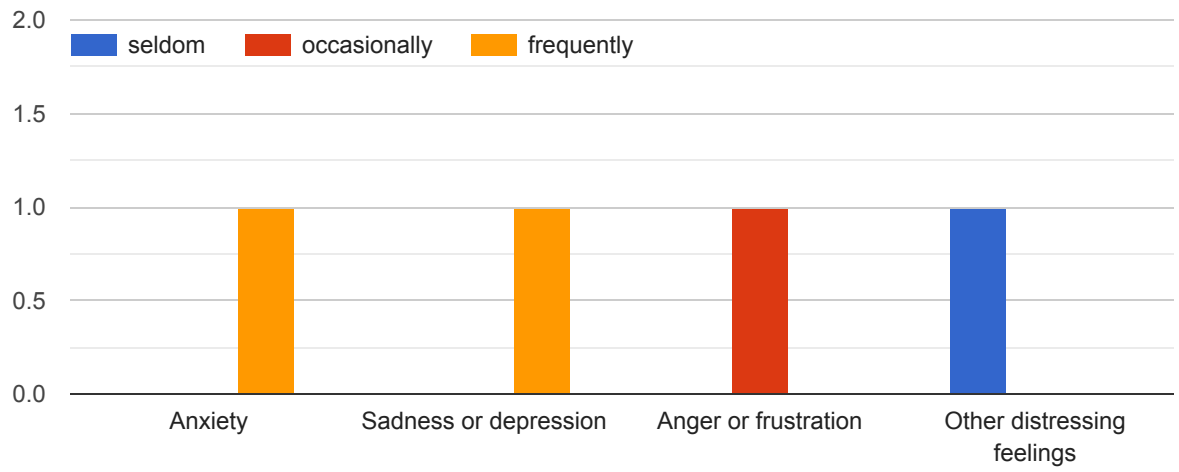

On a scale of 1 to 4 how often do you use the following

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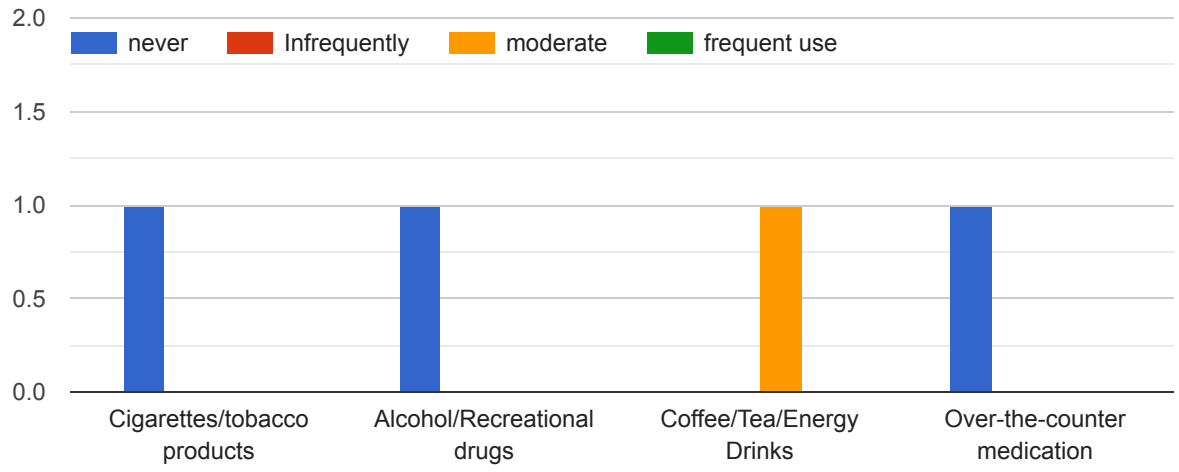

Wisdom and Intellect

What are the major sources of intellectual stimulation and engagement in your life now?

1 response

Running a shool and managing my husband 's business

What are you in the process of learning and/or teaching others?

1 response

Learning life lessons

What would you like to learn and/or teach.

1 response

Learn positive from others

Connection and Meaning/Purpose

Are you active in a faith community or maintain any regular spiritual practices? If yes, please feel free to share your spiritual practicees.

1 response

I believe in the power of Universe

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

1 response

Nature and family

Do you feel connected in meaningful way? Please describe.

1 response

Yes

What aspects of your life give you the most joy and meaning?

1 response

When Im in nature and with my family

What, if anything, should I know about your belief system or worldview?

0 responses

No responses yet for this question.

What is your social support system?

1 response

Friends and family

Is there anything else you would like to share to best support you?

0 responses

No responses yet for this question.

How much time (each day/week/month) can you devote to your own personal yoga practices?

1 response

15 minutes per day

When are you available for yoga therapy sessions (days and times)?

1 response

Every Thursday