Name:_____

Address:_____

Primary phone number:_____

Email address:_____

Date of Birth:_____

Emergency contact:_____

Physician: _____Contact info:__

_____

Current diagnosis:_____moderately advanced arthritis right hip; lower lumbar compression_____

Current treatment:_____regular chiropractic care; hip stretches; Diclofenac (75mg BID)_____

Are you familiar with yoga?____yes_____

If so, what is your experience? _Beginner level classes_____

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

Do you have any physical limitations?__Some trouble walking due to hip pain; cannot sit cross-legged

Do you have any injuries?_____no_____

Have you had surgeries within the last 12 months?_____no_____

Please list any prescription of non-prescription drugs you are taking and describe what they are for:____

_____List attached_____

_____

Past Medical History, (please check)

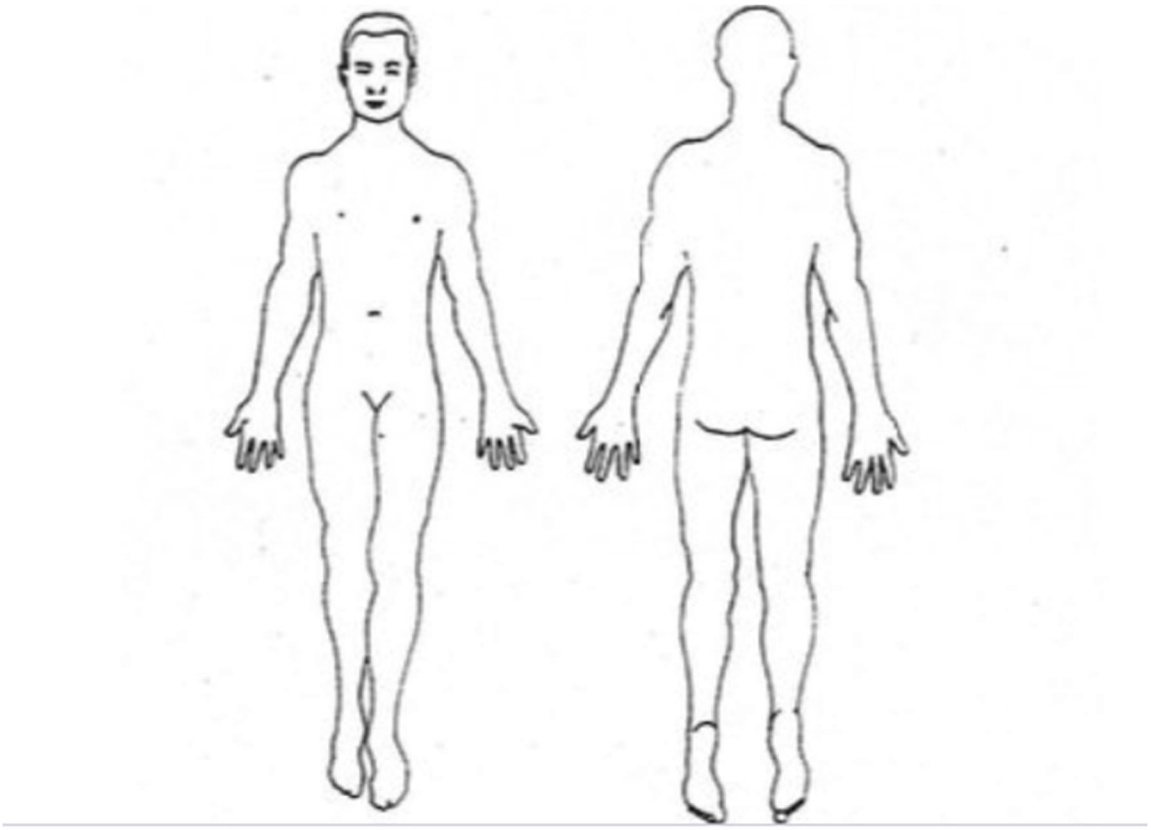
___ Asthma __Heart disease ___ High Blood Pressure ___ Low blood pressure ___Diabetes

___ Stroke ___ Cancer ___Seizures ___Thyroid Disease ___ Glaucoma/Detached Retina

___ Covid-19 __X__ Arthritis ___ Fatigue ____ muscular injuries __X__ Osteoporosis

____Other conditions _____

Please circle or write in the provided space areas of pain, numbness, or discomfort on the drawing below:



Minor pain in lower lumbar spine. Moderate pain in and around right hip joint, especially the flexor area.

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 4
b. Work/study-related 0
c. Relationship 0
d. Financial stress 0
e. Concerns about the future 2
f. Others 2 (pet health; mother-in-law)

Where do you feel on your body when you are stressed? Mostly my head – pressure behind my eyes, headache, clenched jaw

On a scale of 1-5 (1 = poorly, 5 = very well), how well do you sleep? 3 (inconsistent: sometimes 5, sometimes 1, mostly inbetween)

On a scale of 1-5 (1 = low, 5 = very high), what is your overall energy level? 3-4

How interested are you in Yoga practices to support the following goals (1=not interested, 2=moderately, 3= very interested)

- Physical health and wellbeing _____3_____
- Mental health and resilience _____3_____
- Stress reduction _____3_____
- Improved focus _____2_____
- Enhanced quality of life _____2_____
- Spiritual growth _____2_____

What time of the day when you have most energy (morning, during the day, evening)? During the day

Do you have any rituals? no If Yes, what are your rituals _____

How would you describe your social support system?

_____ Exceptional _____Strong _____X___ Okay _____ Marginal _____ Poor

Do you have a religious/spiritual orientation? no

What brings you joy? A warm sunny day on a golf course with my husband; a glass of wine with a good friend; working in my flower beds; morning coffee on the patio with Bobby & kitties

What are specific reasons for you to seek yoga therapy?: to better cope with daily stress and specifically with hip pain. I want to be able to continue leading an active lifestyle as long as possible.

Are there anything else that you would like me to know? I'm looking forward to our therapy sessions!