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: Ruth Carlson

Address: 10520 Stony Bluff Dr. Unit 104 Ashland VA 23005

Email: anylengths123@gmail.com

Phone: 804-814-6545 **Permission to leave a message:** Yes

DOB: Jan. 16, 1959 **Height:** 5'5" **Weight:** 160

Profession: Account Manager **Preferred Pronouns:** she/her

Emergency Contact, Relationship & #: Leah Donohue 804-980-5040
daughter

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

Goal - To learn more about the practice of Yoga and the benefits to mind & body.

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

I have practiced Yoga several times over the years. I enjoy the stretching movements and find them helpful with pain management in back, shoulders & neck.

back: right (SI, lumbar, around T12)

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
2023	Breast Cancer	Chemo Surgery radiation immunotherapy	Good so far.
→ 2023 / July	Left knee meniscus problems	Surgery / PT	Very Good.
2010, 2016	Back Strain	Chiropractic treatments	Very Good.
(herceptin Kadcyla - immunotherapy every 3 weeks (16 treatments)			
-chemo was weekly for 10 weeks + now every			level back.

20 radiation (day 3 11/29/24)

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

Overall, I am generally healthy. I try to walk, swim, and bike (weather permitting) about 3 times a week.

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

When? How long? Are you currently using them?

1980's 4 years Not currently using

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

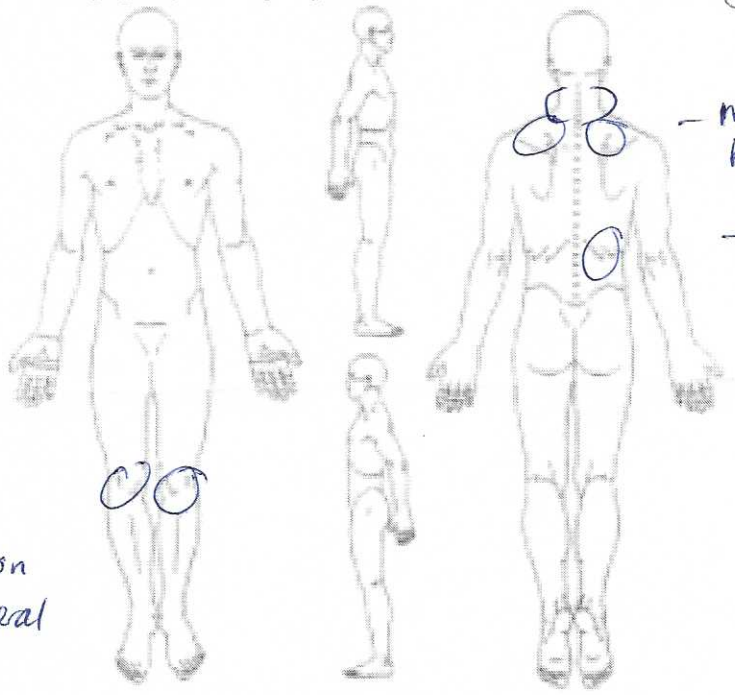
I drank way too much because I am an alcoholic. I have been sober for 12 years and love it. I was in treatment and still attend AA meetings. I am involved and volunteer at the Healing Place for Women as a teacher/speaker.

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

classes 1 or 2x/week, acceptance & higher power

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.

Become substance abuse counselor for men's healing place.



- mild - hold tension here.

- mild - has improved with stretching / yoga

moderate - hurts to be on knees for several minutes.

Where do you hold tension in your body? - neck and shoulders.

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

- If really hurting - ibuprofen, But I try stretching first - (cat + cow; reaching up while standing straight)

If I am sitting for long periods of time, I get stiff.

What are your current and previous mental health conditions?

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS
General Depression	2010	10 mg of Lexipro	Great

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

See above	lexipro once a day
ibuprophen	When needed - no more then 2x week if that.
acid reducer	once a day for acid reduction

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

I try to eat fruit + veggies. I make smoothies with fresh + frozen fruit 3x a week. I sometimes eat too much sugar. Generally, I eat healthy. I do not like to stuff myself or eat out very often.

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

My energy level has declined because of cancer treatments and knee surgery over the last 7 months. It is increasing since about a month ago when Chemo was completed. I am usually a pretty energetic person.

I have energy in the morning and usually depleted by 6 pm.

"Wear life like loose clothing." -AA

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

Current level is low. I usually do not stress about much. If I do get agitated, I let it go pretty fast. I know I cannot control anyone or anything. If I do stress, I try to remind myself of this. I use positive thoughts + gratitude.

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

I think I am breathing alright. No challenges except when sick, which is not very often.

What life challenges are you currently facing?

Getting through the cancer treatments although that is going well.

I am transitioning from working full-time to part-time which is good but still a change - Big change.

What in your life brings you joy?

My daughters. My brothers + sisters. My friends. Riding my bike. Being outdoors. Music. Books. God. Good TV.

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

That my hair would grow back quickly!

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

Sitting	50 %	**Standing**	20 %	**Driving**	5 %
Lifting	0 %	**Desk Work**	____ %	**Lying Down**	25 %

Average hours of sleep/night: 8 **Usual bedtime:** 9:30

Wake up time: 6:00 **Do you usually wake refreshed?** yes

How easily do you fall asleep? sometimes easily

How easily do you wake up? mostly easily

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

I usually sleep well.

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

I usually try to get exercise 3-4 times a week. Swimming, walking outside or biking when the weather is nice.

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

I have a wonderful support system of friends and family. Social activities include going out to dinner, traveling to visit family, reading and walking / hiking with people.

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

Definitely nature. I am fortunate to have family that live near the beach and mountains so I can visit and take walks. I volunteer at the Healing Place and go to AA meetings.

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?

I grew up in the church and it was a big part of my life when I was raising my kids. I have gotten away from it but may return someday. These days I read spiritual books daily and prayer is very important.

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

I would say my purpose in life is to grow spiritually and to enjoy life to its fullest.

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:

I am so glad you have asked me to be a part of this. I am looking forward to our sessions and learning more about yoga.

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.

.

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