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: Angela Flint

Address: 9284 Rappahannock Trl Ashland VA 23005

Email: carrie.angela.flint@gmail.com

Phone: 804-381-8424 **Permission to leave a message:** yes

DOB: 7/12/1991 **Height:** 5'4 **Weight:** 111 lbs

Profession: Instructional Assistant **Preferred Pronouns:** she/her

Emergency Contact, Relationship & #: Katy Flint mother 804-305-3263

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

I lost a lot of core ~~strength~~ strength due to surgery. I also have really bad posture. My body just seems imbalanced. I also wouldn't mind incorporating things I've learned into my job.

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

No official classes besides a one time Buti class. I've dabbled. Honestly it is not my go to choice by any means. I've yet to find it peaceful.

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
age 3		tubes in tonsil/adnoids out	
age 8		tubes in	
6/15/23	donated liver		
7/11/23	ERCP	put in stent in liver	bile leak healing
?	slight scoliosis	none needed	
?	bunions	sometimes I wear bunion correctors	
upcoming 10/6/23	ERCP	take out stent	

got a drain put in July 4? In for 2 days then new one put in until 7/19/23.

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

PCP Dr. Hope Haffizula Cold Harbor Family Physicians
Psychiatric nurse practioner Lauren Woodfolk RCC
Gynecologist Virginia Womens Center Dr. Nikki O'Neil
UVA transplant team

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

When? How long? Are you currently using them?

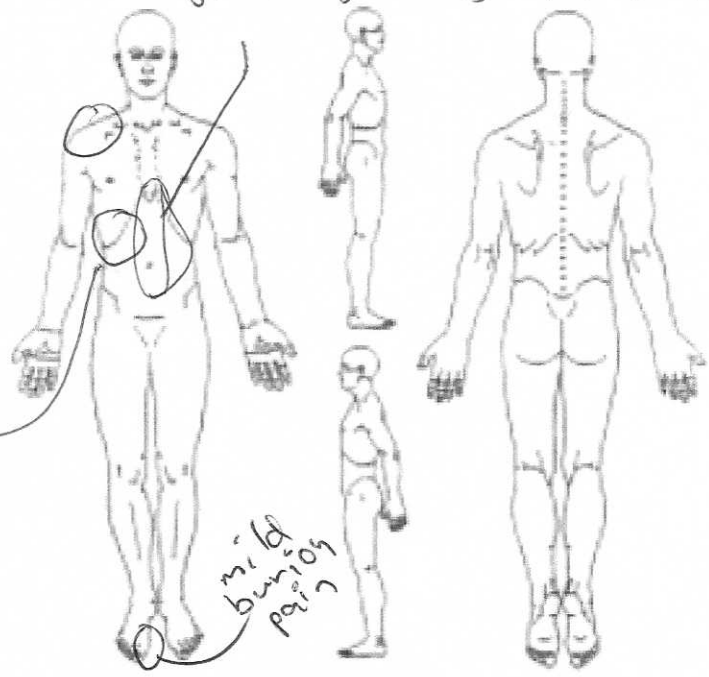
What is your history with alcohol consumption? (How often? How much?)

None

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.

some tightness in incision, no core strength



right rib cage sharp ache when deep breaths likely nerve damage from drain. Referred pain shoots to right shoulder. Moderate but over quickly

I get "gas pedal knee" on road trips
Getting on and off the ground can be uncomfortable
I still have trouble laying completely flat
I get stiff if I sit too long

Where do you hold tension in your body?

I'm not sure?
I know that my back/shoulders seem imbalanced but I'm not sure that that's due to tension

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

I got off the big drugs asap after surgery. I only take ibu or tylenol. Really deep breaths hurt my right rib cage. That can be yawning / sneezing. Referred pain goes to my right shoulder.

What are your current and previous mental health conditions?

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS
bipolar ii disorder	2015	meds + psychiatric np	stable, monitored
anorexia	2006ish -2014ish		
[illegible]	[illegible]	[illegible]	[illegible]
self dx trichotillomania	2001		
dermatillomania	2004		
ADHD	?		

I'm totally awake →

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

Lamictal	200 mg daily mood stabilizer for bipolar ii
zyrtec otc	10 mg daily seasonal allergies + pets
iron	as needed when I remember
vitamin D	during fall / winter
vitamin C	during cold season
Daily multivitamin	as needed when I remember

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

Vegetarian - would love to be vegan but too lazy. I don't eat well. I struggled with anorexia and my body dysmorphia is still bad at times. I mostly eat processed foods because I'm too lazy to cook.

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

I have a super difficult time in Fall/Winter. I'm very affected by shorter days. I would say my energy is low. I take on a lot, which I love, but doesn't leave room for me.

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

Moderate Increases - work related guilt, stuff going on at work.
Decreases - going for walks, spending time with my twin

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

Sometimes I think I forget to breathe.
I wonder if I have sleep apnea.
I also grew up in a household with a smoker.

What life challenges are you currently facing?

My big sister is very sick in the hospital.
I have trouble trying to balance work and social life. I feel a lot of feelings.

What in your life brings you joy?

Music, volunteering, my nephews, pumpkin spice, possums

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

I have terrible executive dysfunction

difficult

best guess for a work day, but I'm no math person

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

Sitting 50 % **Standing** 30 % **Driving** 15 %

Lifting 5 % **Desk Work** _____ % **Lying Down** not much during day %

Average hours of sleep/night: ~8 **Usual bedtime:** ~9 p.m.

Wake up time: 6:00 a.m. M-F 8:00 a.m. S,S **Do you usually wake refreshed?** no

How easily do you fall asleep? Sometimes easily sometimes not

How easily do you wake up? room needs to be dark I am a light sleeper and wake up very easily

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

I may have sleep apnea. I was a stomach sleeper until surgery. I miss that. The room has to be all the way dark. No t.v. or music with lyrics. I get mad if I can't sleep.

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

No not really. My job is somewhat active, and I enjoy walking.

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

I'm super close to my family. My mom is my #1 person. I have the best friends as well as co workers and church family ever.

I like to chill with friends & family. Nothing fancy.

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

My kids!!!

I live to serve God and show His love everywhere (although I don't always do a good job of it)

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'm very active at church as well as some work with special needs ministry, which is where my heart is.
I'm not sure what that would look like.

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

My job! I'm an IA in special education and a special needs caregiver and mentor. It's not always easy. I can get super frustrated, but I love the people I work with so much.
Also my nephews :)

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 think we know each other pretty well. I hopefully covered everything. I'm a human disaster, but I have a lot of love and blessings in my life so I'm still lucky.

Oh - I'm very passionate about giving blood. As soon as I hit 110 lbs I signed up. My first whole blood donation was 12/26/2012. I give about every 2 months if my hemoglobin cooperates. My last donation was in January to improve my iron saturation for surgery. I lost weight after surgery, but how I meet requirements again and have an appt Oct. 16, 7

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.*

INTEGRAL YOGA
Client Release and Waiver of Liability Agreement

I, Carrie Angela Flint (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.

Carrie Angela Flint

Signature of Client

Carrie Angela Flint

Printed Name of Client

9/19/2023

Date