Blossoming Lotus
Intake and Assessment
703-606-1698
Tia@BlossomingLotus.yoga

BASIC PERSONAL INFORMATION			Clinician ONLY
Name:		Date:	Preferred Name:
Age: 69	Gender Identity: M	Who referred you? ☐ Self ☒ Clinician: TIA ☐ Other:	Preferred Pronouns:
What major concerns do you wish to address through Yoga: ☒ Physical: FLEXIBILITY ☐ Emotional: ☐ Mental: ☐ Spiritual: ☐ Relationship: ☐ Other:	What are your three main goals for yoga therapy: STRETCHING FLEXIBILITY BALANCE	What is your intention in seeking yoga therapy: IMPROVEMENT	Notes:

YOGA PRACTICE BACKGROUND			Clinician ONLY
How long have you practiced? ☒ No experience – 0 years ☐ < 1 year ☐ 1-3 years ☐ 4-5 years ☐ 6-10 years ☐ >10 years	How often do you practice? ☒ Not applicable ☐ < 1x per week ☐ 1-2x per week ☐ 3-4x per week ☐ >5x per week ☐ Other:	How long is each session on average? ☒ Not applicable ☐ 15-30 minutes ☐ 31 to 45 minutes ☐ 46 to 60 minutes ☐ 61 to 90 minutes ☐ Other:	Notes: • bike + treadmill + elliptical in basement • bands • 5 lb barbells
What is your favorite kind of yoga? ☐ Hatha ☐ Yin/restorative/meditative ☐ Vinyasa other flow ☐ Iyengar N/A Other:	Where do you practice most? ☐ Yoga studio ☐ Fitness Rec Center ☐ Home on my own N/A ☐ nline ☐ Other:	Do you have other mind-body practices? e.g.,: ☐ Martial Arts N/A ☐ ai i ☐ ☐	Likes/dislikes related to practice

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MSL

2

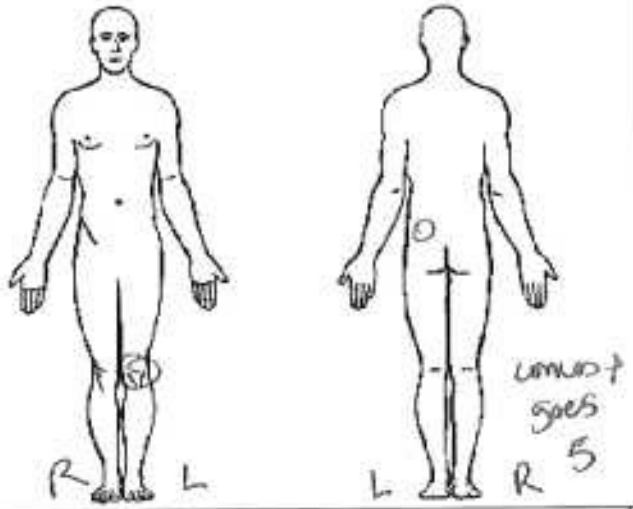
Circle how often you engage in the following yoga practices:				Goals for practice
• Aspiring to lead an ethical life	Often	Sometimes	Never	
• Living in a nonviolent way	Often	Sometimes	Never	
• Being truthful	Often	Sometimes	Never	
• Not taking what is not freely offered to me	Often	Sometimes	Never	
• Living in moderation	Often	Sometimes	Never	
• Not being greedy	Often	Sometimes	Never	
• Aspiring to lead a purposeful life	Often	Sometimes	Never	
• Living with purity (eating healthy food or keeping a clean living space)	Often	Sometimes	Never	
• Living with equanimity (remaining calm, not getting attached)	Often	Sometimes	Never	
• Living with discipline (having a regular routine, sports or meditation)	Often	Sometimes	Never	
• Living with introspection (paying attention to my thoughts and feelings)	Often	Sometimes	Never	
• Living with purpose (dedicating myself to creating meaning)	Often	Sometimes	Never	
• Aspiring to a life that honors the health and wellness of my body	Often	Sometimes	Never	
• Posture (asana) practice	Often	Sometimes	Never	
• Aspiring to a life in which mind and body connect	Often	Sometimes	Never	
• Breathing practices	Often	Sometimes	Never	
• Aspiring to a life of mindful introspection	Often	Sometimes	Never	
• Becoming quiet and looking inward	Often	Sometimes	Never	
• Avoiding too much stimulation	Often	Sometimes	Never	
• Aspiring to a life of concentrated awareness	Often	Sometimes	Never	
• Practices such as guided imagery or relaxation training	Often	Sometimes	Never	
• Practices such as body scans or other body awareness exercises	Often	Sometimes	Never	
• Aspiring to a life of meditative awareness	Often	Sometimes	Never	
• Aspiring to a life that connects body, mind and spirit	Often	Sometimes	Never	
• Sitting in meditation	Often	Sometimes	Never	
• Walking in meditation	Often	Sometimes	Never	
• Experiencing a connection to a greater whole—feeling complete	Often	Sometimes	Never	

PHYSICAL HEALTH INFORMATION

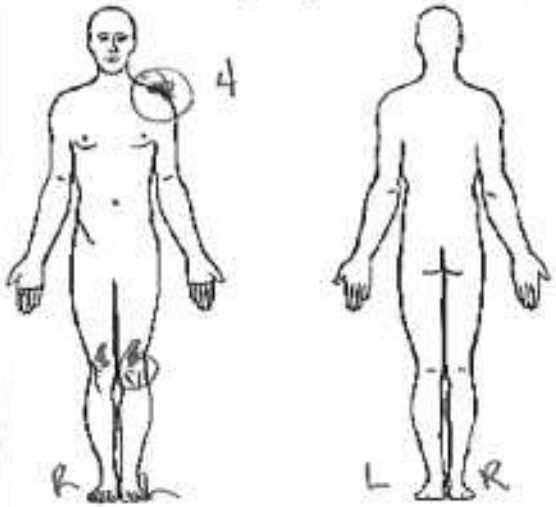
Who is your primary care provider:	If you do not have a PCP, would you like us to make a referral:	CLINICIAN ONLY
Name: Vienna Family Med.	☐ Yes, please	Make PCP referral OR
Address:	☐ No, thank you	Obtain release of information as needed
Contact Information: Hwang	☐ Ask me later	

shoulder stretches
toe/under armpit of band across front

Please mark where you currently experience ACUTE *pain.



Please mark where you experience CHRONIC pain .**



Ask for pain rating from 1 to 10 for each indicated area:

5-when it happened - low back
- left knee squeezes, it hurts

Explore if movement aggravates or relieves:

band therapy for shldr stretch

How is your sleep?

Wake-up time: 5:30-6:00 am

Do you use an alarm to wake: yes (no)

Bedtime: 9-10 pm

Do you fall asleep easily? (Yes) no reads 15-20 mins

Hours of uninterrupted sleep per night? 6-7 hrs

Do you feel tired upon waking? Yes (no)

How much do you move every day?

How many hours do you sit each day (at work plus at home): 8-10 hours

Can you move as well as you would like? yes (no)

What types of exercise do you do:

Type: Walking 2 days times per week: 5-7

number of minutes each time: 60 total

Type: _____ times per week: _____

number of minutes each time: _____

Type: _____ times per week: _____

number of minutes each time: _____

How is your nutrition (food and drink)?

Typical breakfast: coffee + pastry

Typical lunch: sandwich

Typical dinner: meat, veggies, carbs

Typical snacks (including when): nuts, afternoon

How much do you drink of each of the following per day:

Water: 24 ounces (#)

Regular soda: N/A oz#

Diet soda: _____ oz#

Coffee or black/green tea: 2-3 cups oz#

Herbal tea: _____ oz#

Juice: 12 oz#

Alcohol: N/A oz#

Other _____: _____ oz#

Explore quality of sleep:

- ☐ Initial insomnia
- ☐ Middle insomnia
- ☐ Terminal insomnia
- ☐ Night terrors, sleep walking
- ☐ Other sleep disturbance

Follow up on any movement issues

Explore exercise in more detail

Explore quality of nutrition – be sure ask about food AND drink for vegans, vegetarians explore:

- ☐ protein sources
- ☐ b vitamin sources
- ☐ omega 3 sources

Note strengths

tia@blossominglotus.yoga *1128 Fairway Dr NE, Vienna, VA 22180* *703-606-1698*

**Acute trauma results from a single incident. Chronic trauma is repeated and prolonged.*

*** Extra space on last page.*

Client: (MJL

Blossoming Lotus

SOCIAL, SOCIETAL, and SOCIOECONOMIC INFORMATION

What is your highest educational level?

- ☐ Less than high school
- ☐ High school / GED
- ☐ Some college no degree
- ☐ Associate degree
- ☑ Baccalaureate degree
- ☐ Masters degree
- ☐ Doctoral degree
- ☐ Other:

What was your degree major: _____

What is your current employment?

- ☐ Unemployed
- ☑ Employed – answer questions below:

Job title: School Health Aide

Where: Colvin Run ES

How long: + 9 yrs.

Hours worked per day: 7

Sedentary or mobile:

How is your work-life balance?

Pretty Good

Do you work too much?

Not at all | somewhat | quite a bit | a lot

How much do you enjoy your work?

Not at all | somewhat | quite a bit | a lot

How stressful is your work?

Not at all | somewhat | quite a bit | a lot

Does work leave enough family time?

Not at all | somewhat | quite a bit | a lot

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Explore impact on physical and mental health work

workload has gotten higher

gets stressful @ beg. & end of year

Describe your social support network: Do you have:

- ☑ Close friends; how many: wide
- ☐ Casual friends /social friendships
- ☑ Work / peer relationships
- ☑ Positive immediate family relationships
- ☑ Meaningful extended family relationships
- ☐ Community supports (e.g., via church, clubs)

Describe your home environment:

Do you rent or own?

How many people live with you in your home: 4

What is the quality of your home? very nice

Describe your neighborhood:

Suburb

son's in-laws

Have you ever experienced any of the following **socioeconomic challenges?**	*Yes, at current*	*Yes, in the past*	*No, never*
No income			✓
Poverty level income			✓
Homelessness			✓
Food insecurity			✓
Economic / financial deprivation			✓
Unsafe neighborhood			✓
Oppression because of your socioeconomic status			✓
Other:			—

Have you ever experienced any of the following **sociopolitical or legal circumstances?**	*Yes, at current*	*Yes, in the past*	*No, never*
Immigration concerns			✓
Exposure to a polluted environment /toxins			✓
Engaged in political activism			✓
Engaged in criminal activity			✓
Been a victim of criminal activity			✓
Other:			

Follow up on any endorsed items (if none, inquire)

Note strengths

Client: (Blossom g Lotus

CLINICIAN ONLY – Behavioral Observations

Alignment (make notes as needed)

- ❑ Ears over shoulder
- ☑ Shoulders forward or backward
- ❑ Shoulders align over hips
- ☑ Upper back hunched (kyphosis)
- ❑ Shoulders collapsed
- ❑ Knee over ankles
- ❑ Ear over ankles
- ❑ Accentuated lower lumbar (lordosis)
- ☑ Feet straight
- ❑ Knees caps forward
- ❑ Hips rotation
- ☑ Pelvis anterior or posterior rotation
- ❑ Shoulders / clavicles even
- ❑ Hyperextension in joints

Challenges Noted In (make notes as needed):

- ☑ Balance Seems a Focus R/L
- ☑ Endurance
- ☑ Flexibility
- ☑ Gait
- ☑ Posture
- ❑ Strength

Strengths Noted In (make notes as needed):

- ❑ Balance
- ❑ Endurance
- ❑ Flexibility
- ❑ Gait
- ❑ Posture
- ❑ Strength

CLINICIAN ONLY

Notes:

Mon. 8/12 school starts

4:30 pm any work

CLINICIAN ONLY – Information to Review with the Client

CLINICIAN ONLY

- ☑ The studio provides all necessary props, but you are welcome to bring your own mat.
- ☑ Discuss dates and times of the class (Ex: Mondays at 6pm, starting 10/30/2022)
- ☑ Emphasize that clients need to make an effort to be at all ~~10~~ sessions; it is a ~~10~~ week commitment. Ask clients to come 15-20 min early for the first session to fill out paperwork, and 5 min early before each class after that.
  - ❑ What would make it harder for you to attend the class? (i.e. Barriers): daughter's work schedule
  - ❑ What would make it easier for you to attend the class? (i.e. Facilitators):_____
- ☑ Discuss format of the class: introductory talk/discussion about yoga philosophy, breathing practice, physical practice. Inform clients that while they are not required to participate in the discussion, it is going to be a regular component of the sessions.
- ☑ Voluntary adjustments are offered by the therapists; all hands-on work is very light and respectful. If you prefer not to be touched, please let us know. We can make verbal adjustments that do not require hands on your body. Adjustments are given in a spirit of support and offering a more healthful way- there is no wrong way to do yoga!
- ☑ Physical Adjustments? (Y/N): _____
- ☑ We will offer many modifications using props (e.g., blocks, straps); please be true to yourself and to your body. If something feels wrong, do NOT do it.
- ☑ Feel free to ask questions about anything we do either before, after, and/or during class
- ☑ Yoga is best practiced in comfortable clothes that will allow for stretching, as well as coverage throughout the class (e.g., clothes that do not slip).
- ☑ Yoga is best practiced on a relatively empty stomach, but not starving (a light snack prior to class will help you maintain your energy without being too full). Please refrain from eating heavy meals 2-3 hours before practice.
- ☑ Also, we ask that if you have any medical conditions that may affect your yoga practice, you let us know, so that we can help you with modifying poses for particular reasons.
- ❑ Please come a few minutes early to give yourself time to settle in on your mat.