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: Tammy Potter

Address: 1320 Cole Blvd., Glen Allen, VA 23060

Email: tamilynpot@gmail.com

Phone: 804-714-5377 **Permission to leave a message:** yes

DOB: 8/2/64 **Height:** 5'2" **Weight:** 122 lbs.

Profession: Construction Estimating **Preferred Pronouns:** She

Emergency Contact, Relationship & #: Connor Potter, son-in-law, 703-881-6310

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

Relaxation, energy healing, better flexibility

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

No experience

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	finger laceration	PT	Joint pain healing Nerve damage
2020	Cervical mass	Tracholectomy	scar tissue hormone issues
1993-2010	Multiple Abdominal	Surgeries	scar tissue
2008	Gastroparesis	Diet + Medication	GI issues
1982	Broken tailbone		
2018	Non alcoholic fatty Liver		
2016	Degenerative Disk Neck	w/bone spurs	

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

Hypnotherapist, GI Specialist, Liver Specialist

Have you ever used tobacco or marijuana products? **Yes** **No**

When? How long? Are you currently using them?

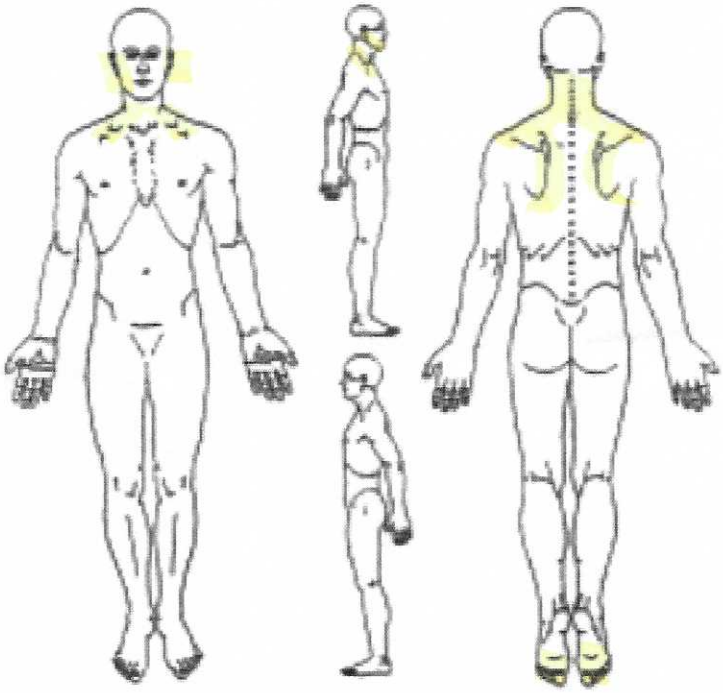
Quit smoking tobacco 30 yrs ago, occasional marijuana-gummies or vape-haven't used in a year, use THC balm

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

Occasional wine or beer - approx. 3 beers a week or wine

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.



right knee - just inside/medial
degenerative discs

Where do you hold tension in your body?

Jaw, neck + shoulders

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

decrease-Relaxation helps, getting enough sleep, stretching, diet
increase - stress, sitting too long (or standing) in front of computer, lack of sleep, over eating, cold weather certain exercises

What are your current and previous mental health conditions?

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, Hospitalization, Therapy, etc.)	CURRENT STATUS
undiagnosed depression and anxiety		-self healing	
PTSD	2019	hypnotherapy	(therapist going through Chemo)

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

Welchol — IBS
Estroven — Menopause
Magnesium Malate
Crestor — cholesterol

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

Avoid dairy, red meat, gassy vegs, fried food
small frequent meals - Need to not binge
- Binge eating an issue

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

consistently depleted. Severe fatigue

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

moderate stress level - work, pain
exercise and walking regularly helps
sleep helps

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

I hold my breath or breathe shallow most often

What life challenges are you currently facing?

Sleep deprevation, Partner w/Parkinsons, long work hours, sister in a dangerous home environment in Haiti, Financial issues

What in your life brings you joy?

time w/my Partner, music, my children + grandchildren also my job, spending time w/my Mom

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

Retire haha! Slow down, sleep good

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

Sitting * 30 % **Standing** 15 % **Driving** 6 %

Lifting 0 % **Desk Work** ~~*~~ 25 % **Lying Down** 40 %

Average hours of sleep/night: 25% **Usual bedtime:** 9:30

Wake up time: 5:00 **Do you usually wake refreshed?** No

How easily do you fall asleep? Very easily

How easily do you wake up? also easily

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

Wake up multiple times because of night sweats, nerve pain, neck/shoulder stiffness

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

No, but I'm trying to establish one

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

Occasional gathering w/ family
hang out w/ M.P.L., roller skating

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

physical intimacy w/ partner,
nature & music

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?

Read my Bible, worship music, journal

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

Spending time w/family

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:

Really struggle with having a disciplined routine.

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.*