Our work will be to identify and support your goals of enhancing your health and well-being through an array of 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 process.

In all cases, the work is client-centered and you are a full participant in the journey. By providing the information on this Intake form you will help me to tailor services to meet your needs. 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.

The information you provide will help us to work more effectively with you. All information will be strictly confidential and nothing will be shared with a third party unless mutually agreed upon.

Name _____S.W_____Date

11/15/2024_____ Address

_____ Phone

number _____ Email _____

Profession _____

Pronoun(s) _____Weight _____Height _____

Date of Birth _____ Age_____

Emergency Contact _____

INSTRUCTIONS FOR YOUR FIRST YOGA THERAPY CONSULTATION

Thank you for giving thoughtful consideration as you complete this New Client Questionnaire. You will have ample opportunity to address any concerns that require more detail during your appointment with your practitioner.

Please bring the completed New Client Questionnaire to your first visit

Please also bring a Yoga mat and wear comfortable clothing

Client confidentiality will be observed under all circumstances.

If you do have any questions please contact your practitioner:

_____

Please mark the answer most related to your response.

Are you familiar with Yoga? *Yes No* If so, what is your experience? Yes I had some experience

with yoga before my stroke

Do you currently exercise? *Regularly Occasionally Infrequently* Please feel free to describe what kind and how often.

I have PT and OT once a week

How would you describe your general health? *Great! Good Okay Fair Poor* Do you have injuries or limitations?

Since my stroke on 11/12/23 I have major limitations.I am paralyzed in my left arm and left leg.I am in a wheel chair with the help of a brake ,I cam walk short distances with assistance

Please briefly explain any specific condition you seek to improve through Integral Yoga Therapy.

I would like to improve my overall functioning and my mood

Are you currently under the care of a doctor or other healthcare provider? *Yes No* If so, please identify the provider(s):

Yes I have a PCP, neurologist and cardiologist and well as PT and OT

Do they know you are seeking support through Integral Yoga Therapy?

Yes

Do you have a diagnosis from a health care practitioner about this condition? *Yes No* How long have you had this condition?

Yes since November 2023

How would you rate your stress level (circle one)? *Low Moderate High Very high* Please feel free to describe the current sources of stress in your life.

I am very stressed about my future , not knowing if I can return to work and to be confined to a wheelchair

Please describe your practices, means, and coping mechanisms for handling stress (including allopathic and integrative approaches).

Playing games with my friends, talking to my friends,

Are you able to easily get up and down from the floor?

No

Do you feel your diet needs improvement? *Yes*

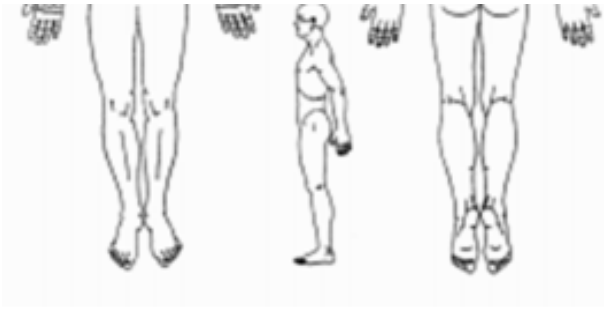
Do you currently use tobacco products? *No*

Have you ever used tobacco products? *No*

Do you inhale smoke in any form (tobacco, incense, marijuana)? *No*

How would you describe your social support system? Good

Do you have physical pain? If yes, please mark the places you experience pain in the image to the right and feel free to elaborate on them.



Please list any relevant medical history (major injuries, hospitalizations, or surgeries)

YEAR	EVENT	TREATMENT	OUTCOME
2023	**Stroke**	**Hospital, PT , OT**	**Wheel chair**
2021	**Disc prolapse**	**PT**	**Improvement**

Please circle any of the following conditions or issues that you have experienced:

back pain (low, middle or upper back)

X disc problems

other spinal/skeletal problems muscular X injuries

leg pain or cramps

circulatory problems

heart conditions

edema (swollen hands or feet) varicose veins

arthritis (where?)

_____

fatigue X

headaches

allergies

asthma

other respiratory problems

physical abuse

sexual abuse

psychological abuse

stress

anxiety

depression X

insomnia

nausea & indigestion

elimination problems

cancer

diabetes

are you currently pregnant? No

_____

Other Conditions:

high blood pressure

stroke history

low blood pressure, dizziness or fainting

Please list any prescription or non-prescription drugs you are taking and describe what they are for.

Remeron for sleep and depression, Celexa for depression, baclofen for muscle spasm

Energy and Breath

What time of day do you have the most energy? M*orning Mid-day Evening Night* Please share anything you'd like to tell me about your energy level

My energy level is better in the morning

When do you usually sleep (time asleep and time awake)? Fair

How would you describe the quality of your sleep? *Great Good Okay Fair Poor* If you experience fatigue,

please describe its impact, frequency, and what you do to manage it. More rest

Do you have any breathing challenges not mentioned above? No

How would you describe your breathing?

Mental Health

Please list any current mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	CURRENT TREATMENT (Prescription, OTC, Behavioral, etc.)	CURRENT STATUS
Depression	2016	celexa	Increase since stroke

Please list any previous mental health diagnoses and treatment.

CONDITION DIAGNOSED	YEAR DIAGNOSED	MEDICATIONS	HOSPITALIZATONS	THERAPY

Please explain any relevant mental health history you think I should know. History of depression

If you did not include prescription or non-prescription drugs you are taking for mental health, please list and describe what they are for.

Wisdom and Intellect

What are the major sources of intellectual stimulation and engagement in your life now?

Playing difficult board games

What are you in the process of learning and/or teaching others? Learning to walk again and

to live independently

What would you like to learn and/or teach?

Connection and Meaning/Purpose

Do you have a religious/spiritual orientation? Catholic but not practicing

What connection is important for your life and health (nature, family, pets, volunteering, etc.)?

Connecting with my friends and family members

Watching nature, being in air and the sun

Do you feel that you know why you are here? (Alive on Earth)

What, if anything, should I know about your belief system or worldview? Is there

anything else you would like to share? How can we best support you?

I would like to learn to relax