

LF-10/6

Liability W: ✓

Intake Form

First Name

L. ...

Last name

F. ...

Phone

...

E-mail

...

Address

Occupation

Date of birth

... (27) ...

Date

04/05/24

Completed by:

L. ...

What are your reasons for coming to yoga?

exercise
stretching
Mind/body control

Have you had any experience with yoga or meditation? If so, please describe it.

L. ... took this class with you previously

What kinds of challenges are you dealing with right now?

Yoga helps L. ... to slow down and
develop patience

HEALTH HISTORY

Have you ever been diagnosed with any of the following conditions?

- | | |
|--|--|
| ☐ Osteoarthritis/rheumatoid arthritis | ☐ Breathing problems (asthma, COPD) |
| ☐ Osteoporosis | ☐ Digestive issues |
| ☐ Spinal fracture | ☐ Reproductive system issues |
| ☐ Herniated/ruptured disc | ☐ Cancer |
| ☐ Spinal fusion or discectomy | ☐ Diabetes |
| ☐ Scoliosis | ☐ Epilepsy |
| ☐ Bone fractures (last two years) | ☐ Headaches |
| ☐ Low bone density | ☐ Immune conditions |
| ☐ Heart conditions | ☐ Fibromyalgia |
| ☐ High or low blood pressure | ☐ Chronic fatigue syndrome |
| ☐ Circulation problems | ☐ Mental health challenges |

Please provide more details about any checked areas above

Luke has autism and limited communication skills.

Have you had any treatments or surgeries in the past five years?

DATE

NO

List your current medications

Lipitor For Cholesterol

ANNAMAYA (THE PHYSICAL BODY)

Do you have pain or mobility limitations in any of the following areas?

- ☐ Neck ☐ Upper back ☐ Hips ☐ Elbows ☐ Hands ☐ Wrists
☐ Shoulders ☐ Lower back ☐ Sacrum ☐ Knees ☐ Feet ☐ Ankles

If so, please describe them.

NO

Are you currently receiving any treatment?

NO

What is your daily activity level?

- ☐ Sedentary ☐ Move some ☒ Move a lot ☐ Other (please explain)

What kind of exercise do you engage in?

- ☐ None ☐ Walking ☐ Running ☐ Biking ☒ Weightlifting ☐ Aerobics ☒ Yoga
☒ Other (please explain) *Swimming, fitness class*

How often do you exercise?

- ☐ Sporadically ☐ Once a week ☐ 2-3 times a week ☒ 5 days a week ☐ Every day

How many meals do you eat per day?

- ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ More than 5

Please describe your current diet

- ☒ High in fruit and vegetables ☒ High in animal protein ☐ High in carbohydrates
☐ High in processed foods ☐ Paleo ☐ Vegetarian ☐ Vegan ☐ Other

What is your typical energy level?

- ☒ Low ☒ Medium ☐ High ☐ Variable ☐ Other

What is your sleep quality?

- ☒ Restful ☐ Restless ☐ Frequently interrupted ☐ Not enough ☐ Too much
☐ Trouble getting to bed ☐ Trouble falling asleep ☐ Trouble staying asleep
☐ Other

What is your stress level?

- ☒ Low ☒ Medium ☐ High ☐ Variable ☐ Other

What is the source of your stress?

_____ is generally low stress, it only heightens when he doesn't understand something or when his schedule changes

What do you do to counteract stress?

We signed him up for yoga so he can learn to relax doing poses

Are you currently experiencing any issues with any of the following systems?

- ☐ Digestive ☐ Respiratory ☐ Endocrine ☐ Nervous ☐ Circulatory ☐ Reproductive
☐ Endocrine (hormones) ☐ Lymphatic (immunity) ☐ Integumentary (skin) ☐ Urinary

If so, what kinds of issues?

NO

Are you currently receiving any treatment?

NO

Do you have any trouble concentrating?

☐ Never ☐ Rarely ☒ Sometimes ☐ Often ☐ All the time

Do you have trouble remembering things?

☐ Never ☒ Rarely ☐ Sometimes ☐ Often ☐ All the time

Do you experience any recurring memories that are bothersome?

☐ Yes ☒ No ☐ Don't want to talk about it

How often do you feel anxious?

☐ Never ☐ Rarely ☒ Sometimes ☐ Often ☐ All the time

How often do you feel depressed?

☐ Never ☒ Rarely ☐ Sometimes ☐ Often ☐ All the time

Does your current mental state impact the quality of your life?

☐ Never ☒ Rarely ☐ Sometimes ☐ Often ☐ All the time

If so, in what way?

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VIJANANAMAYA (PERSONALITY AND EMOTIONS)

Which emotion have you felt most often in the past two weeks?

- ☒ Happiness/Joy ☐ Gratitude ☐ Excitement ☐ Serenity ☐ Hope ☐ Inspiration ☐ Love
☐ Anger ☐ Irritation ☐ Sadness ☐ Frustration ☐ Guilt ☐ Fear ☐ Disappointment
☐ Other (please specify)

Do you like feeling this way?

- ☒ Yes ☐ No ☐ Sometimes

Do you currently feel (check all that apply):

- ☐ Stable ☐ Vital ☐ Empowered ☒ Connected ☐ Expressive ☐ Insightful ☐ Inspired

How satisfied are you with the quality of your life right now?

- ☒ Completely ☐ Moderately ☐ Somewhat ☐ Not really ☐ Not at all

What would you like to change, if anything?

ANANDAMAYA (JOY AND CONNECTION)

During the past two weeks, was someone available to help you if you needed help?

- ☒ Yes, as much as I wanted ☐ Yes, quite a bit ☐ Yes, some
☐ Yes, a little ☐ No, not at all

How would you describe your spiritual/religious life?

Being with family

What do you enjoy in your life? Do you have hobbies?

Sports, puzzles; playing with the dogs;