4/29/24 CC MON

My goals include:

- [ ] manage stress III
- [ ] reduce pain II — Manage pain I
- [ ] sharpen brain function ~~IIII~~
- [ ] improve sleep I
- [ ] improve breathing II
- [ ] increase mobility ~~IIII~~
- [ ] improve balance and coordination ~~IIII~~ II
- [ ] other: relaxation
- [ ] other: promote longevity
- [ ] other: calming

other: maintain strength

Name (optional):

Can yoga therapy help my aches balance

Can we have a class on yoga

Class to follow conditioning

Thursday afternoons ☺

4/29/24 CC MON

80 74
77 75
85 67
69 68
67
58 Avg = 72

Yoga Intake Form

Name or nickname: **Age:**

1. **Have you been to yoga class before?** (Yes) / No

2. **Why did you come to yoga class?** see if I could do it / it could help me - I
release stress - I
improve balance - IIII
relaxation - II
SM - I
strength - II
exercise - I
helps back & hips - I
follows Pilates - I
flexibility - II

3. **Do you currently exercise? Yes / No**

4. **Are you experiencing physical pain?**

5. **Please rate your energy level.**

Very low — Low — Medium — High — Very high
1 — 2 — 3 — 4 — 5
III II I 1 III III
3.5
3.86

6. **How is your sleep?**

Terrible — Bad — ok — Mostly Good — Great
1 — 2 — 3 — 4 — 5
II IIII 1 IIII
4.5
4.22

7. **How would you rate your level of stress?**

None — Low — Medium — High — Very high
1 — 2 — 3 — 4 — 5
I IIII 1 I I I
2.5
3.5
2.36

8. **Is there anything else you would like to share?**