



Yoga Therapy Health History and Intake Form

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birth date: _____ Occupation: _____

Emergency Contact Name: _____

Phone: _____ Relationship to you: _____

Describe your primary reason for seeking yoga therapy. What are your goals for our time together?

List your current and previous health conditions. Please include medical diagnoses, surgeries, accidents, injuries, etc., and approximate dates.

How long has your current health issue been going on? _____

Who else are you currently seeing for your health concerns or general health? How often do you see them? _____

Would you like me to share your information with your healthcare providers? If so, please provide their names, addresses and telephone numbers: _____

Describe the areas of discomfort/and or pain in your body. Try to describe where they are located and the type/degree of discomfort. You're your pain using a scale of 1-10 (10 being the highest level of pain or discomfort).

Area of discomfort/pain _____ Scale _____

What relieves your pain? What increases it? _____

What functional movements or tasks are difficult for you? (*circle all that apply*)

Reaching? Bending? Twisting? Picking up? Sitting for long periods of time? Standing?

Walking up stairs?

What are your favorite physical movements? Least favorite? Do you have a regular exercise program? Please describe: _____

Where do you typically hold tension in your body? _____

In percentages, how much of your day is spent with the following:

Sitting _____ Driving _____ Standing _____ Desk work _____

Lifting _____ Lying down _____

Describe your rest/sleep patterns? (i.e. hours/naps/trouble falling asleep/trouble staying asleep) _____

How would you describe your diet and digestion? Do you have daily bowel movements?

Would you describe them as normal, loose or constipated? _____

How would you describe your overall energy level? Does it fluctuate or stay consistent?

When are you most/least energized? _____

What is your social support system like (family and/or friends)? What social activities do you enjoy on a regular basis? _____

On a scale of 1-5 how would you rate your stress currently and overall in the past 6 months (1=low and 5=high)? _____

Do you experience anxiety, sadness or depression? Are there places in your body where these feelings tend to dwell when they come up? _____

What life challenges are you currently facing? _____

What aspects of your life give you the most joy and pleasure? _____

If you could change one thing, what would it be? _____

Are you active in a faith community or maintain any regular spiritual practices? Y N

Please describe: _____

How much time (each day/week/month) can you devote to your own personal yoga practice? _____

When are you available for yoga therapy sessions (days and times)? _____

Waiver of Liability and Consent

It is my choice to receive yoga therapy. I understand that the practice of yoga therapy is provided for the well being of my body and mind, and in no way takes the place of a doctor's care when it is indicated. I acknowledge that yoga therapy is not a substitute for a medical examination or diagnosis, and that it is recommended that I see my primary health care provider for that service. Information exchanged during any yoga therapy session is educational in nature and is intended to help me become more familiar and conscious of my health status and is to be used at my own discretion. Furthermore, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in these sessions. I agree to inform my instructor of any physical limitations, physical discomfort and/or injuries before or during classes, and I take full responsibility for any nondisclosure.

Therefore, I, _____, acknowledge that participation in this program may involve some risk of physical injury due to the nature of the activity. In consideration for my acceptance in this program, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages against *Wisdom Tree Yoga & Healing Arts, LLC*, Beverly Davis Baird or her representatives, employees, agents or officials, directors or sponsors. I further represent that I am in good physical condition and, as such, am able to participate in this program. I promise to practice yoga mindfully. I have read the above waiver of liability and fully understand its contents. I voluntarily agree to all its content and to the terms and conditions stated above.

24-Hour Cancellation Policy

Because your appointment time has been reserved especially for you, clients are required to give Wisdom Tree Yoga a minimum of 24 hours notice when cancelling an appointment, at which time the appointment can be rescheduled at no charge. Sessions cancelled with less than a 24-hour notice will be charged the full session rate.

Signature: _____ Date: _____