

# Intake Form

## PERSONAL INFORMATION

First Name	<input type="text"/>	Last name	<input type="text"/>
Phone	<input type="text"/>	E-mail	<input type="text"/>
Address	<input type="text"/>		
Occupation	<input type="text"/>	Date of birth	<input type="text"/>
Date	<input type="text"/>	Referred by	<input type="text"/>

## INTENTIONS

What are your reasons for coming to yoga?

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

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What kinds of challenges are you dealing with right now?

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## HEALTH HISTORY

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

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

Please provide more details about any checked areas above

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

DATE


List your current medications

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## ANNAMAYA (THE PHYSICAL BODY)

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

<input type="checkbox"/> Neck	<input type="checkbox"/> Upper back	<input type="checkbox"/> Hips	<input type="checkbox"/> Elbows	<input type="checkbox"/> Hands	<input type="checkbox"/> Wrists
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Lower back	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Knees	<input type="checkbox"/> Feet	<input type="checkbox"/> Ankles

If so, please describe them.

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Are you currently receiving any treatment?

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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)

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

PRANAMAYA (ENERGY AND PHYSIOLOGY)

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?

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What do you do to counteract stress?

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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?

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Are you currently receiving any treatment?

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## VIJNANAMAYA (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?

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