**Felt Sense Yoga Therapy Intake Form**

Name: Date: Age/Decade of life:

What brings you to yoga therapy?

Do you have any current physical injuries, discomfort, trouble spots, limitations to range of motion? Kindly describe.

Are you in the process of healing an injury or recovering from an illness or medical procedure? Please describe the injury; how it happened and what you have done to heal it so far.

Current level of physical pain Where in your body is this pain?

1 2 3 4 5 6 7 8 9 10

Please review this list and check those conditions that have affected your mental or physical health either recently or in the past. Make notes to be more specific (e.g. broken bones - wrist).

\_\_\_broken/dislocated bones \_\_\_muscle strain/sprain \_\_\_arthritis

\_\_\_bursitis \_\_disc problems \_\_\_scoliosis

\_\_\_osteoporosis \_\_\_other back issues \_\_\_stroke

\_\_\_diabetes ( type \_\_\_) \_\_\_high blood pressure \_\_\_ depression

\_\_\_anxiety \_\_\_asthma \_\_\_numbness, tingling

\_\_\_cancer \_\_\_seizures \_\_\_\_other condition not listed

\_\_\_chest pain \_\_\_glaucoma \_\_\_heart conditions

\_\_\_auto-immune condition (type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Please list your current medications and what they are for, if any.

What is your current health routine (workouts, meditation, journaling, food, sleep, hydration, etc).

What makes a workout good or effective in your view?

Have you changed what you do / how you exercise because of an injury or pain? Please detail if YES.

Current level of stress 1 2 3 4 5 6 7 8 9 10

How do you feel about your general level of

Strength?

Cardiovascular fitness?

Flexibility/pliability?

What is your sleep like: do you get enough (how much)? Do you sleep regular hours - go to bed & wake up at the same time each day? Do you stay asleep or wake up in the night? Can you get back to sleep? Do you feel that you want “better sleep”?

What do you feel like when you are relaxed? If you can, describe the physical, emotional, and mental sensation you associate in yourself with relaxation.

Are there things about your body that you want to change? Lose weight? Have stronger legs? Arms? Core? Have more cardiovascular stamina? Have a specific joint /area be less painful? Have a specific area be more flexible?

What do you do for fun?

Are you interested in learning, starting or deepening a meditation practice?

What do you want to let go?

What would you like to focus on in this work (see separate sheet for ideas)?