



Yoga Therapy Client Intake Form

This form is for information-gathering only and your answers will be kept confidential in accordance with HIPAA laws. Form should be completed and returned in Tra Kirkpatrick prior to your first yoga therapy session.

Please note that yoga therapy should not replace licensed professional medical or mental health care.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (Cell) _____ (Other) _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Referred by: _____

Please describe your current health condition:

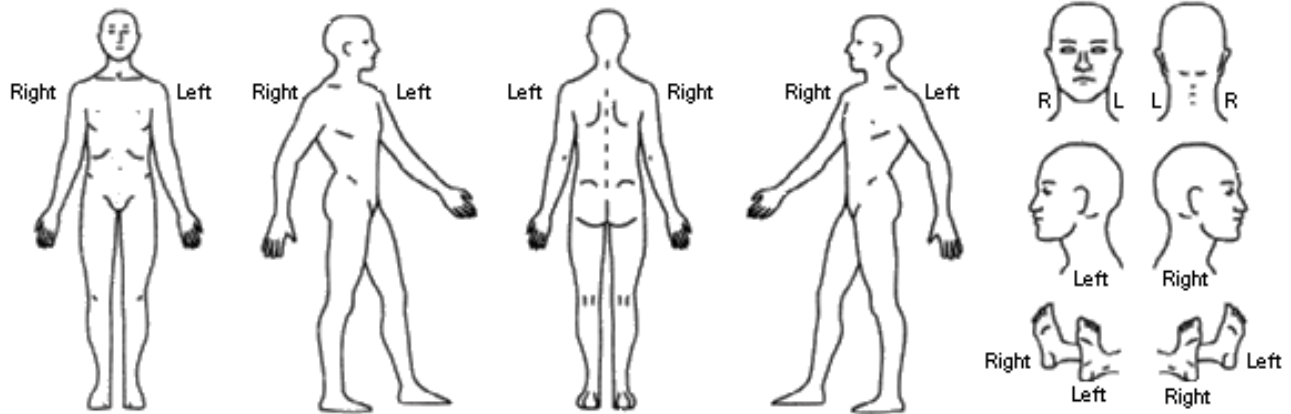
What challenges are you currently facing (physical, emotional, psychological, energetic)?

What are your hopes and goals for yoga therapy?

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Pain: On the following diagram please show the location of your pain and use the symbols below to describe your pain.

Numbness: + + + Sharp: !!! Shooting: -> -> -> Dull: (((



What makes your pain worse?

What makes your pain better?

Please describe your overall energy level, does it fluctuate or stay consistent?

Describe your sleep habits including hours of sleep a night, ability to fall asleep and stay asleep and vividness of dreams:

Would you describe yourself as living with anxiety and/or depression?

Do you have concerns about your fluctuations in mood?

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Please list your previous health conditions including accidents, surgeries and hospitalizations with date/year:

List any other health care practitioners you are currently working with:

List medications and/or supplements that you are currently taking:

How do you typically handle emotional and stressful situations?

What aspects of your life give you the most joy and pleasure? The least joy or pleasure?

Please describe briefly your spiritual practices/beliefs if any.

What else do I need to know about you.....