

**Namaste Centered Intake Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact method (please circle):

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section I: Yoga Therapy Background**

* What is your main goal for Yoga Therapy?
* What is your secondary goal for Yoga Therapy?
* Were you referred to Yoga or Yoga Therapy by a medical professional?
* Please describe any past experience with Yoga, meditation or any other type(s) if stress
management.

**Section II: Personal History**

* Please describe your overall health.
* How would you describe your diet and nutrition?
* Are you involved in regular exercise or sports? If yes, please describe type and frequency.
* Are you currently managing a diagnosed health condition?

	+ Are you experiencing any pain?
	+ Are you under the care of a medical professional or other health care provider?
* Have you been involved in any accidents or injuries, hospitalization or surgeries? If yes, please list.
* Have you ever had any of the following conditions, illnesses or problems? (Select all that apply.)
* Allergies/Asthma
* Anxiety
* Cancer
* Chronic Fatigue
* Circulatory Problems
* Depression
* Diabetes
* Dizziness
* Headaches
* Heart Disease/Condition
* High/Low Blood Pressure
* Infections Disease
* Insomnia
* Muscular Injuries/Disease
* Osteoarthritis
* Pregnancy/Delivery Complication
* Respiratory Problems
* Rheumatoid
* Skin Disorders
* Spinal/Skeletal Problems
* Stroke
* Please describe your health condition(s) or any other concerns below.

**Section III: Daily Analysis**

* Briefly describe your typical day. Is your schedule regular or does it vary? Are you alone or with others? Sitting, standing, driving, etc.
* Describe your overall energy level (i.e., stable or variable, low, medium or high)
* Describe the quality of your sleep. (i.e., avg number of hours, deep, light or restless)
* Do you have any breathing issues? (i.e., shortness of breath, shallow, fast or slow)

**Section IV: Current Stress Analysis**

* What is your current level of stress?
* What, if any, recent events have had a positive or negative effect on your stress level?
* How do you currently manage stress?
* What are your hobbies/leisure activities?
* Do you find the following areas of your life nurturing and supportive?
* Personal Relationships         yes      no
* Career                                     yes      no
* Are you experiencing any depression or anxiety?

**Section V: Future Goals**

* What habits would you like to cultivate?
* What, if any, habits would you like to change?
* What support system do you have in place as you work toward your goals?
* What obstacles do you see in your life that might keep you from achieving your goals?

* What gives you the greatest joy in life?

* Do you feel that you have a purpose or mission in this life? And if yes, do you feel that you are fulfilling it?
* Please describe any spiritual/religious dimension of your life.