

Integrated Yoga Therapy Health Assessment

Private Yoga participant – Profile

Welcome to your first yoga therapy session with Kendra. Yoga therapy seeks the role of healing and addresses the spectrum of human issues and challenges; so some questions go beyond physical pain and injury. Your answers will remain confidential and will enhance our relationship as we work together.

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (h/w/m) Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: (for newsletter)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Please write clearly)

**Goals**

What are your main reasons for starting yoga as therapy?

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What are the changes you are seeking with the support of our work together?

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Please also circle other reasons

* Vitality and energy
* Recovery from illness
* Spirituality and self awareness
* Specific health conditions

(Bones, nervous system, pain arthritis, skin, mental health) VATA

(Respiratory oedema, mucous) KAPHA

(Inflammation, auto immune, infections, febrile diseases, burning, blood, liver) PITTA

* Stress management
* Mental emotional wellbeing

**Yoga Experience**

Please describe your experience with Yoga (styles and years).

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Do you meditate, practice mindfulness or relaxation techniques? Please describe.

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**Challenges**

Please describe your main challenge, when it first started, symptoms, frequency, and time of day. What was happening in your life at the time?

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Are you seeing another health care professional for this complaint? Have you been referred by your doctor or psychologist? If yes please include name. Can I contact them Y/N?

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Please describe your discomfort. Is it mainly physical , emotional, mental or all. How do you know this? What felt sense in the body is there?

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What gives you relief? What aggravates it?

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Do you have personal support in your life? ( friend, work colleague, family member, councillor)

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**Medical History**

Please indicate whether any of the following relate to you (give details where appropriate)

Tendency to breathlessness or asthma. Spine ailments. High/Low blood pressure. Muscle, joint, tendon problems Diabetes. Broken bones. Epilepsy. Arthritis. Dizziness. Regular headaches or migraines. Cancer. Planning a pregnancy.

Recent surgery (past 5 years)

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Chronic conditions

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Mental health

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Medications taken and side effects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lifestyle**

Energy OUT

Average day

Work

Responsibilities

Family/children

Stress levels (1 – 5) - Home Work

Travel

Addictions (recreational drug use past or present)

Exercise

Energy IN

Food habits

* Routines
* Water intake
* Alcohol/caffeine

Sleep cycles

Joy

Life transitions

Specific spiritual beliefs or community

**Liabilty Waver**

I acknowledge that Yoga as a complementary therapy is not intended to replace medical care, and that it is my responsibility to communicate any injuries or health conditions that I may have. I understand yoga includes diverse activities such as, but not limited to physical activity, breath work, meditation, mantra, and some touch with permission. I acknowledge that it is my responsibility to do yoga practices within my own limits and capacities, to prevent any injury. I expressively waive any claim I may have against Kendra Boone for any injury or loss sustained by me while undertaking my practice of Yoga under their instruction.

Client’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_