



Beaumont Health Integrative Medicine

Yoga Therapy Intake Form

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Preferred Phone: _____ Email: _____ Would you like to receive our newsletter? N Y

Date of Birth: _____ Age: _____

What does optimal health mean to you? _____

Have you practiced yoga before? What is your previous yoga experience? _____

What are your reasons for seeking yoga therapy? _____

What are your goals for yoga therapy? _____

List your current and previous health conditions. Please include medical diagnoses, surgeries, accidents, injuries, etc. with approximate dates. _____

What treatment have you had for these conditions? _____

What do you consider to be your strengths in terms of current health and wellness? _____

Please list your current medications, including supplements. _____

Please describe your typical eating patterns. What do you generally eat for breakfast, lunch, dinner and snacks?

How much water do you drink per day? _____

How is your digestion? Do you have daily, regular bowel movements? _____

Do you have a regular physical exercise program? _____

What are your favorite kinds of physical activities or movements? _____

Please describe your professional training or career choice. _____

How do you express yourself creatively? _____

How do your creative outlets fit into your professional training or career? _____

Please describe your sleep habits. Do you generally sleep through the night? Do you snore? Do you dream and/or remember your dreams? _____

How do you wake in the morning? Internal clock? Alarm clock? Something else? _____

Do you generally feel rested when you wake in the morning? _____

Please describe your overall energy level. Does it fluctuate or stay consistent? When are you most energized?
Least energized? _____

Where do you hold tension in your body? _____

Where do you experience physical stiffness, pain or discomfort? _____

What relieves the pain or discomfort? What makes it worse? _____

What are your perceived stress levels? _____

Do you experience anxiety, sadness or depression? How do these feelings manifest in your physical body? _____

What life challenges are you currently facing? _____

What aspects of your life give you the most joy and pleasure? _____

If you could change a habit, what would you choose to change? _____

How would you define the word *spirituality*? _____

Do you seek to generate spiritual fulfillment for yourself? _____

Is there anything else you would like to share with me? _____
