

## YOGA THERAPY INTAKE/ASSESSMENT QUESTIONNAIRE

A therapeutic yoga practice is designed to address your health on many levels: physical, energetic, mental, and emotional. This approach is based on the Panchakosha model of yoga philosophy and is similar to the Biopsychosocial Integrative Medical Model.

First & Last Name:

Address:

Date of Birth & Phone Number:

Email:

Emergency Contact, Relationship & Phone Number:

- What is your main reason for seeing me today?
- What do you hope to get out of these sessions (mark all that apply):
  - Postural instruction  Stress Relief  Joint Health  Increased Body/Self Awareness  Pain Reduction  Flexibility
  - Improved sleep  Spinal Health  Relaxation Techniques  Inflammation  Lifestyle/Stress
  - Other: Please explain.
- List your current health condition. Please include medical diagnoses, surgeries, accidents, injuries, etc., and approximate date.

- In regards to your condition:

-What have you tried? What relieves the pain? What increases the pain?

-Who else are you currently seeing for your health concerns or general health promotion? How often do you see them?

- Describe the areas of discomfort and/or pain in your body. Try to describe where they are located and type/degree of discomfort. Rate your level of pain, using a scale of 1 to 10, 10 being the highest level of pain or discomfort.

Area of discomfort/pain & Rate your pain level:

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Area of discomfort/pain & Rate your pain level:

- Can you sleep, work, and do daily activities?
- List any other health or medical conditions not yet mentioned:
- Name & phone of your principal health care provider (optional):

Nutrition & lifestyle choices impact our health and can accelerate healing, decrease inflammation, pain and can even reverse and prevent heart disease, cancer, diabetes, and many other chronic conditions. If you would like some guidance in this area, please complete the following. If not skip this part and please sign the Waiver on the last page of this document.

- What types of food do you eat more than twice a week? Please list.
- Do you have any digestive or elimination complaints or difficulty? Are you regular?
- Briefly state your daily routine & in percentages how much of your day is spent with the following:
  - Sitting
  - Driving
  - Standing
  - Desk work
  - Lifting
  - Lying
- Describe your perceived stress levels and the possible stressors in your life:
- Are there habits that you would like to change?
- What aspects of your life give you the most joy and pleasure?
- If you could change one thing, what would it be?

Thank you for completing this Assessment. Please sign the Waiver below and email the completed sheets to [Joanne@innerjourney.ca](mailto:Joanne@innerjourney.ca) or bring them with you to our first session.

## Agreement of Release and Waiver of Liability

Your name, address, phone number:

### Waiver

By my participating in yoga therapy sessions with Joanne Pineau, I agree to take full responsibility for my own well-being and waive any claim that I might have at any time for injury of any sort against her. It is my responsibility to ascertain that there is no medical reason to prevent my participation and to consult with a physician or licensed medical professional prior to and regarding my participation in this approach. Yoga is not a substitute for medical attention, examination, diagnosis or treatment and I recognize Yoga Therapy is an activity that may require some physical movement and exertion. I have carefully read the release, fully understand and agree to the above.

Signature:

Date: