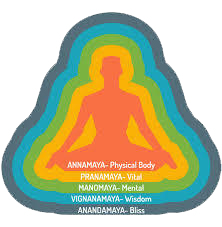


*Thank you for filling out this form prior to our session together. Read this short introduction on yoga therapy to guide you in filling out the intake form on the subsequent pages. Contact me if you have any questions.*

**Yoga Therapy**

Yoga therapy approaches wellness using the Panchamaya Kohsa Model which encompasses five dimensions of your being (physical, energy, mental/emotional, wisdom, and heart). These dimensions are inter-related, so a shift in one has an impact on the others. For example, working bottom up with the body, the mental/emotional state is brought into balance or working top down with the wisdom body, the lower dimensions are brought into harmony. This is why yoga therapy is such an effective and yet subtle mean to restore balance.



**Physical Dimension (Annamaya Kosha):** This dimension is the most familiar aspect of our being, the physical body. Conscious movement is one way of bringing awareness to and working with this dimension.

**Energy Dimension (Pranamaya Kosha):** This dimension encompasses the vital energy which flows through and enlivens us. **Breathing practices are one way of bringing awareness to and working with this dimension.**

**Mental-Emotional Dimension (Manamaya Kosha):** This dimension of our being is expressed through thoughts and emotions. Mindfulness is one way of bringing awareness to and working with this dimension.

**Wisdom Dimension (Vijnanamaya Kosha):**This dimension is the higher mind which can objectively observe all aspects of our being which allows for self-understanding, self-acceptance and self-transcendence. Meditation is one way of bringing awareness to and working with this dimension.

**Heart Dimension (Anandamaya Kosha):** This dimension is one of pure being felt as uncaused joy, peace or bliss. It is prior to the expression and characteristics of the personality. This dimension is closest to our True Nature. It permeates all the other dimensions, but we may not be in touch with it because our energy and attention are occupied with the other dimensions. Balancing out and aligning the other dimensions is how this dimension can become apparent.

YOGA THERAPY CLIENT REGISTRATION & LIABILITY WAIVER

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW DID YOU FIND US?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Contact Information** | | | | | | | | | | |
| First Name: | | | Last Name: | | | | Pronouns: | DOB: | | Age: |
| City: | Email: | | | | | | | Phone: | | |
| Relationship Status: | | | | Occupation: | | | | Ethnicity: | | |
| Emergency Contact: | | | | | Relationship: | | | Phone: | | |
| **Physical Dimension (Annamaya Kosha)** | | | | | | | | | | |
| List all injuries, surgeries and illnesses. Provide date and treatment(s) received. | | | | | | | | | | |
| Do you have pain or physical limitation? If yes, please describe and circle areas on adjacent body chart. | | | | | | **R L L R** | | | | |
| Does anything make this pain, limitation or illness better or worse? Is there any daily pattern, i.e. worse at night? | | | | | | | | | | |
| What is your relationship to this pain, limitation or illness? How would your life be different if you didn’t have it? | | | | | | | | | | |
| Women: Are you pregnant? Y/N Trimester\_\_\_\_ Number of pregnancies \_\_\_ Have you had any complications related to pregnancy or child birth? | | | | | | | | | | |
| Do you perform any repetitive movement during the day (work or recreation)? | | | | | | | | | | |
| How much and what kind of movement/exercise do you do in an average week? | | | | | | | | | | |
| Who is part of your regular care team? (allopathic doctor, naturopath, psychiatrist, acupuncturist, etc…) | | | | | | | | | | |
| List current medications and supplements (note number of years taken and their purpose). | | | | | | | | | | |
| **Personal and Family Medical History** (S for self, M for mother, F for father): | | | | | | | | | | |
| \_\_Muscle Spasms/cramps  \_\_Numbness/tingling  \_\_Pinched Nerves  \_\_Disc Issues  \_\_Scoliosis  \_\_Unstable/dislocated joints  \_\_Implants/artificial joints  \_\_Swollen Joints \_\_Broken Bones  \_\_Arthritis  \_\_Osteoporosis  \_\_TMJ  \_\_Abdominal Pain  \_\_Gastrointestinal Issues | | \_\_Hernias or ruptures  \_\_Incontinence  \_\_Menstrual Challenges  \_\_Menopause Challenges  \_\_High Blood Pressure  \_\_Low Blood Pressure  \_\_Heart Issues  \_\_Stroke  \_\_Swollen Lymph Nodes  \_\_Low Blood Sugar  \_\_Diabetes Type\_\_\_  \_\_Thyroid Issues  \_\_Chronic Infections | | | | \_\_Visual difficulties  \_\_Glaucoma/Cataracts  \_\_Hearing difficulties  \_\_Dizziness/Vertigo  \_\_Headaches/Migraines  \_\_Frequent Colds  \_\_Chronic Congestion  \_\_Pain While Breathing  \_\_Asthma  \_\_Sinus Issues  \_\_Lung Issues  \_\_Sleep Apnea  \_\_Dry Mouth | | | \_\_Motor Vehicle Accidents  \_\_ COVID-19  \_\_Cancer Type: \_\_\_\_  \_\_Insomnia  \_\_Seizures \_\_Depression  \_\_Anxiety  \_\_Bi-Polar  \_\_PTSD  \_\_Addiction  \_\_Substance Abuse  \_\_Eating Disorder(s)  \_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Energy Dimension (Pranamaya Kosha)** | | | | | | | | | | |
| Describe your average energy level (low, high, etc…). What time of day is your energy at its lowest/at its best? | | | | | | | | | | |
| Describe your average body temperature (warm, cold, etc…). | | | | | | | | | | |
| Describe your average breathing pattern (easeful, with mouth, rapid, erratic, etc…). | | | | | | | | | | |
| Describe your average eating pattern (irregular, big meals, etc…) What time of day is your biggest meal? How do you feel after eating (nourished, tired, etc…)? | | | | | | | | | | |
| List most common foods eaten. Are you on a special diet (anti-inflammatory, ayurvedic, keto, etc…)? | | | | | | | | | | |
| How many caffeinated beverages and glasses of water do you drink per day? | | | | | | | | | | |
| Do you smoke tobacco, drink alcohol, use cannabis or other recreational drugs? If yes, how frequently? | | | | | | | | | | |
| Describe your average state of digestion (bloating, burping, reflux, etc…). | | | | | | | | | | |
| Describe your average state of elimination (constipation, sweat frequently, etc…). How many bowel movements do you have per day? \_\_\_ | | | | | | | | | | |
| In the past year have you experienced significant weight gain or loss? | | | | | | | | | | |
| **Mental/Emotional Dimension (Manomaya Kosha)** | | | | | | | | | | |
| Describe your average state of mind (foggy, easily distracted, clear, etc…) What helps you with mental clarity? | | | | | | | | | | |
| Describe your average thought patterns (ruminating, negative self-talk, creative, etc…) What helps you redirect your thoughts? | | | | | | | | | | |
| Describe your average emotional state (angry, fearful, joyful, etc…). Do you experience frequent emotional swings? | | | | | | | | | | |
| Do you tend to suppress or express your emotions? What helps you with emotional balance? | | | | | | | | | | |
| Describe your average stress level. What triggers stress? How do you release/cope with stress? | | | | | | | | | | |
| In general, what is your defense mechanism (passive aggressive, aggressive, etc…)? | | | | | | | | | | |
| Describe your average sleep pattern (time go to sleep/awaken, number of hours sleep, fall asleep easily, awaken frequently). Do you wake up feeling rested? | | | | | | | | | | |
| Whom do you live with (list persons and pets): | | | | | | | | | | |
| Do you feel connected to others (people and/or pets)? | | | | | | | | | | |
| Describe your family/community life. | | | | | | | | | | |
| Describe your average weekday and weekend. | | | | | | | | | | |
| How do you spend your free time? | | | | | | | | | | |
| Significant life events (births/deaths, marriage/divorce, moves/jobs, etc…) which occurred in the last 5 years (list dates, event and impact): | | | | | | | | | | |
| Are there any significant traumas that have affected you (emotional, physical, world events, etc…). If known, ACE Score: \_\_\_ Is there a history of trauma in your family? | | | | | | | | | | |
| **Wisdom Dimension (Vijnanamaya Kosha)** | | | | | | | | | | |
| Do you ever pause and do nothing? | | | | | | | | | | |
| Do you reflect on your physical, energetic, or mental and emotional patterning with curiosity? | | | | | | | | | | |
| Are you able to observe your state of being objectively without getting involved in the content? | | | | | | | | | | |
| Are you able to accept yourself as you are with love and compassion? | | | | | | | | | | |
| Is there someone (persons or pets) in your life who accepts you as you are with love and compassion? | | | | | | | | | | |
| Do you have a religion, faith or spiritual orientation? If yes, describe your religious or spiritual practices. | | | | | | | | | | |
| Do you feel connected to your intuition or internal wisdom? | | | | | | | | | | |
| Do you feel you have meaning and purpose in life? | | | | | | | | | | |
| What gives you strength or hope when things are difficult? | | | | | | | | | | |
| **Heart Dimension (Anandamaya Kosha)** | | | | | | | | | | |
| Have you had feelings of wholeness, oneness or completion? | | | | | | | | | | |
| Do you feel connected to the Divine/God/Spirit, nature or something greater than yourself? | | | | | | | | | | |
| Have you experienced surrender to the Divine/God/Spirit, nature or something greater than yourself? | | | | | | | | | | |
| **Client Goals** | | | | | | | | | | |
| List your goals for yoga therapy sessions:  Physical Dimension:  Energy Dimension:  Mental/Emotional Dimension:  Wisdom Dimension:  Heart Dimension: | | | | | | | | | | |
| Is there anything else you would like me to know or would be important for me to know? | | | | | | | | | | |

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| **Agreement of Release and Waiver of Liability** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to the following:   1. That I am participating in yoga sessions offered by One to One Yoga and Sonia Weirich during which I will receive information and instruction about yoga, health and wellbeing. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these yoga sessions. I represent and warrant that I am physically fit and have no medical conditions which would prevent my full participation in yoga sessions. 3. In consideration of being permitted to participate in yoga sessions, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in yoga sessions. 4. In further consideration of being permitted to participate in yoga sessions, I knowingly, voluntarily and expressly waive any claim I may have against One to One Yoga or Sonia Weirich for injury or damages that I may sustain as a result of participating in the yoga sessions. 5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue One to One Yoga or Sonia Weirich for any injury or death caused by their negligence or other acts.   I have read the above release and waiver of liability and fully understand the contents. I voluntarily agree to the terms and conditions stated above.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |
| **Cancellation and Missed Appointments Policy** |
| We understand there may be extenuating circumstances; however, we request that any cancellation or rescheduling of your appointment be made at least 24 hours in advance of the scheduled visit. Missed appointments or appointments cancelled less than 24 hours in advance can prevent us from serving others in need and disrupt our practitioner’s schedules. **The fee for missed appointments/late cancellation is $50.** I, the undersigned, have been informed about the cancellation and missed appointment policy. I have further been informed that appointment reminders are a courtesy and that I am responsible for remembering my appointment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |