



This confidential information will help your therapist become aware of your specific needs when you work together.

Name:

Date:

Address:

Telephone:

Fax:

E-mail:

Age:

Occupation:

Do you have or have you had:

- High blood pressure
- Heart problems
- Asthma
- Other breathing problems
- Dizziness, vertigo or loss of balance
- Pinched nerves or disc problems
- Headaches
- Cancer
- Chest pain
- Shortness of breath
- Major surgeries

___ Other chronic conditions

Women only:

___ Menopausal challenges

Are you pregnant? Yes No

Additionally, please check if any of the following apply:

Back problems ___

Fibromyalgia _____

Arthritis _____

Low Blood Pressure _____

Hypoglycemia _____

Chronic Fatigue _____

Other:

Recent Surgery:

Medications & supplements you are currently taking:

Please mention any other health or medical condition that you believe may be helpful to your Therapist and any precautions that should be taken to ensure your well-being.

Client's Notes:

1. Have you experienced other health problems or challenges in your life?

2. Do you experience pain in any part of your body – on occasion, acute or chronic?

3. Tell me a little about your lifestyle? Diet? Exercise program? Do you smoke or drink?

4. How is your breathing?

5. How would you describe your energy levels?

6. Would you describe your overall energy as stable or quite variable?

7. How is your stress level?

8. What types of situations trigger stress or bring it on for you?

9. What are some of the ways you find most effective for releasing stress?

10. Do you awaken from sleep feeling rested? Do you fall asleep easily?

11. How would you describe your state of mind most of the time?

12. How would you describe your spiritual or religious life?

Yoga and Meditation History

1. What is your experience with Yoga, meditation or other spiritual practices?
2. How often do you practice and is your practice regular?
3. What have you found most beneficial from these practices?
4. What have you found most difficult or challenging?
5. Have you had any previous Yoga injuries? How did they happen?
6. What do you hope to get out of Meditation practice? What is your main goal for your Yoga and Meditation practice?
7. Do you have any other comments/concerns?