



# Yoga Care For You

## Intake Form

### Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

### Details

Main complaints/why are you here?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you had these conditions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you tried before to help with these symptoms?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an MD/medical professional diagnosis? What is it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medications are you using?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Herbs/Supplements?

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Spiritual Practice?

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**Lifestyle**

Family

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Kids

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Work

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Leisure

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Diet

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Exercise

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*(example: Sally has 2 kids works part time - a little time to herself in evening. She goes to yoga class twice/week identifies that as her practice. Vegetarian mostly cooks at home. Likes to knit.)*

## For Our Eyes Only

Doshic impressions?

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What Koshic language are we speaking in?

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Physical

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Prana

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Intellect

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Wisdom

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Heart

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### **Physical assessment if needed**

1. ROM Issues

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2. Weakness

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3. Tightness

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**Practices Given Today:**