

**JAMIE BUSCH, HOLISTIC YOGA THERAPIST™
HOLISTIC YOGA THERAPEUTIC™ INTAKE FORM**

Name:

Date:

Address:

Email:

Phone:

Birthday:

Medical history – have you had any major surgeries, injuries, illnesses, birth injuries, or other experiences that have directly impacted your health and well-being?

Are you on any medications?

What is your Occupation?

What type of shoes do you wear on a regular basis?

What position do you sleep in?

How many hours on average do you sleep per night?

How would you rate your current stress level (low, moderate, high, or extremely high)? How would you describe it?

Who can you count on in life?

Do you have pets?

Do you have children in your life?

Who do you live with?

Injury/Ailment Details

Where exactly in your body do you have pain?

How did injury occur?

How long has it been going on?

Has anyone in your family had similar issues?

What is the intensity of pain level (1-10)?

How constant is the pain?

What makes the pain better?

What makes the pain worse?

How does the pain feel? What are its qualities? (Dull ache, sharp, sting, electric shock , throbbing, tingling, tightness, pins and needles, insects crawling, hot, cold, numb, sporadic, etc.)

Is your pain constant, off and on, or random?

How do you feel emotionally when it flares up? (Frustrated, sad, overwhelmed, angry, shut-down, disassociated from your body, tired, depressed, hopeless, curious, other)

How much time per day can you dedicate to therapeutics?

What other treatment(s) have you participated in?

What does a typical day look like for you? (Repetitive movement patterns?)

What is your predominant dosha? (VATA-PITTA-KAPHA)

What is your history/relationship with yoga and movement?

What are your goals or intentions for this session?

What are your long-term health and movement goals?