**This confidential, multi-faceted, intake form helps us understand different parts and pieces to who you are as a person. Although some questions may seem irrelevant to your care, they will play a role in our core understanding of current and past issues and help us build and develop an integrative treatment plan.**

Yoga and meditation practice do not replace the care from a therapist or medical provider, but rather is used in conjunction with care you receive with these providers to enhance your well- being.

**Client Information**

Today’s Date: Date of Birth:

Client Name: Sex: M F

Address:

City:

State: Zip:

Home Phone: Cell Phone:

Email Address: May we email you?

Emergency Name and Contact Number:

**Counseling Information**

Please describe the difficulties you are having that have brought you to our office:

What else would be helpful for us to know:

**Employment Information**

Employer:

Address:

Work Phone:

Occupation:

How would you rate your enjoyment of your job: (Low) 1 2 3 4 5 6 7 8 9 10 (High)

What about your job do you enjoy?

What about your job do you dislike?

**Family Information**

Marital Status: Single Married Divorced Separated Widowed Committed-Relationship How many people live in your household: Do you live with a roommate?

Do you have children? If so, what are your children’s names and ages?

**Health Information**

Are you currently under the care of a physician for any medical issue(s), and if so, please indicate:

Are you currently taking any prescribed medications, and if so, what:

Please describe any medical conditions or situations that have had in the past:

Are you currently experiencing any pain in your body?

If so, please describe, where the pain is and the intensity:

What have you tried to help relieve the discomfort?

Is there any other health condition you would like to share?

How would you rate your energy level in the past 4 weeks? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

How would you rate your current physical health? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

How would you rate your current emotional health? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

How would you rate your general happiness and wellbeing? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

In the past 4 weeks how would you rate your ability in being able to relax? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

How well do you nourish yourself with healthy/balanced food? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

How well do you nourish yourself with love/laughter? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

How well do you nourish yourself with words of self-encouragement? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

How well do you nourish yourself with self-care?

(Low) 1 2 3 4 5 6 7 8 9 10 (High)

How would you rate your current stress level? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

How would you rate your current stress level? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

What would you indicate are major stressors in your life?

What are some ways that you have found are effective in helping you relieve stress?

What would you indicate is a source of comfort for you in your life:

What do you do to have fun?

What was the last book you read?

Who are some of your favorite musicians:

Do you have any difficulty falling asleep or staying asleep?

About how many hours of sleep do you average per night?

Do you awaken from sleep feeling rested?

Do you currently take any nutritional supplements, vitamins, herbs, essential oils:

Do you participate in any other type of exercise activity, and if so, what and how often?

Have you ever practiced Yoga? If so, what style did you practice?

If you have practiced yoga , please describe your experience:

What are your goals and/or expectations in participating in a yoga and meditation practice?

Have you ever practiced Meditation? If so, what was your experience like?

If not, what are the barriers preventing you from meditating?

How do you think meditation might help you in your life?

**Depression/Anxiety Questions**

In the past four weeks:

Have you had difficulty falling asleep or sleeping long?

Have you had an increase or decrease in appetite?

Have you had feelings of sadness, despair, sorrow?

Have you had excessive fatigue or lack of energy?

Have you had a lack of concentration or preoccupation with past or future life events?

Have you withdrawn from socialization and contact with others?

Have you felt a decrease in activities that were previously enjoyable?

Have you had thoughts that you would be better off dead or hurting yourself in some way?

Have you had feelings like you were letting yourself or others down?

Have you had feelings of depression or anxiety? Have you had worrisome thoughts and an inability to control your worry?

Have you had feelings of being afraid that something tragic might happen?

In the past month, how often have you been completely unable to manage your days and activities due to preoccupation with these feelings of distraction?

If you answered yes to any of the above questions, what have you tried to help yourself heal from these feelings?

What would you say is the major factor contributing to your feeling depressed or anxious?

When feelings of depression or anxiety come over you, where do you feel it in your body?

What do you think your body is trying to tell you?

**Spiritual Information**

Do you feel connected spiritually?

What is your spiritual practice?

**Referral Information**

Whom may we thank for referring you to our office:

**Read & Sign**

|  |
| --- |
| Client/Guardian Name: Signature: |
| Date: |