Date: ___/____/____

YOGA THERAPY QUESTIONNAIRE

This a comprehensive form; a therapeutic yoga practice is designed to address your health on many levels: physical, energetic, mental, and emotional. Do your best to complete the form; please know that strict confidentiality is maintained and your answers are not shared with others.

First Name: _____ Last Name: _____ Address: _____ City, State, Zip: _____ Date of Birth: ___/___/_____ Phone:_____
Email:_____
Emergency Contact: _____ Relationship: _____ Phone: _____

1. What do you hope to get out of your personal Yoga session (mark all that apply):

☐ Postural instruction ☐ Stress Relief ☐ Joint Health ☐ Increased Body Awareness
☐ Pain Reduction ☐ Flexibility ☐ Improved sleep ☐ Personalized practice tips
☐ Other: _____

Please indicate your preferred time to meet:

Preferred Practice Options	**5:30pm – 6:30pm (Option 1)**	**5:30pm – 6:30pm (Option 2)**	**Individual 1:1 Instruction (Option 3)**	
	Class Package Member (Please Check One)	Monthly Unlimited Member	Preferred Day	*Preferred Time
Group A: MONDAY	☐	M - ☐	M - ☐	
WEDNESDAY		T - ☐	T - ☐	
Group B: TUESDAY	☐	W - ☐	W - ☐	
THURSDAY		Th - ☐	Th - ☐	
*FRIDAY (Option 3 - Individual sessions, only)			F - ☐	
All times, in individual sessions, can be scheduled between 9am and 4:00pm. If an earlier or later time is needed, please inquire by contacting us.				

2. Please list your current and previous health conditions. Please list medical diagnoses, surgeries, accidents, and/or injuries followed by the approximate date:

_____
_____
_____

3. Are there any other health problems or life challenges that you wish to share?

_____
_____

4. If your primary reason for the yoga session is a health-related, please indicate the current health condition and the length of time you have been dealing with it (e.g. back pain, 1 year; e.g. insomnia, 5 years)

_____
_____

5. Are you seeing other health professionals for your condition? If so, please describe their discipline and how often you see them (e.g. physical therapist, as needed; chiropractor, weekly)

_____
_____

Instructor Signature: _____
Benjamin K. Conrow, Certification #: 2363-TC10
Date: _____

Date: ___/____/____

6. Please list your current medications, including supplements:

_____

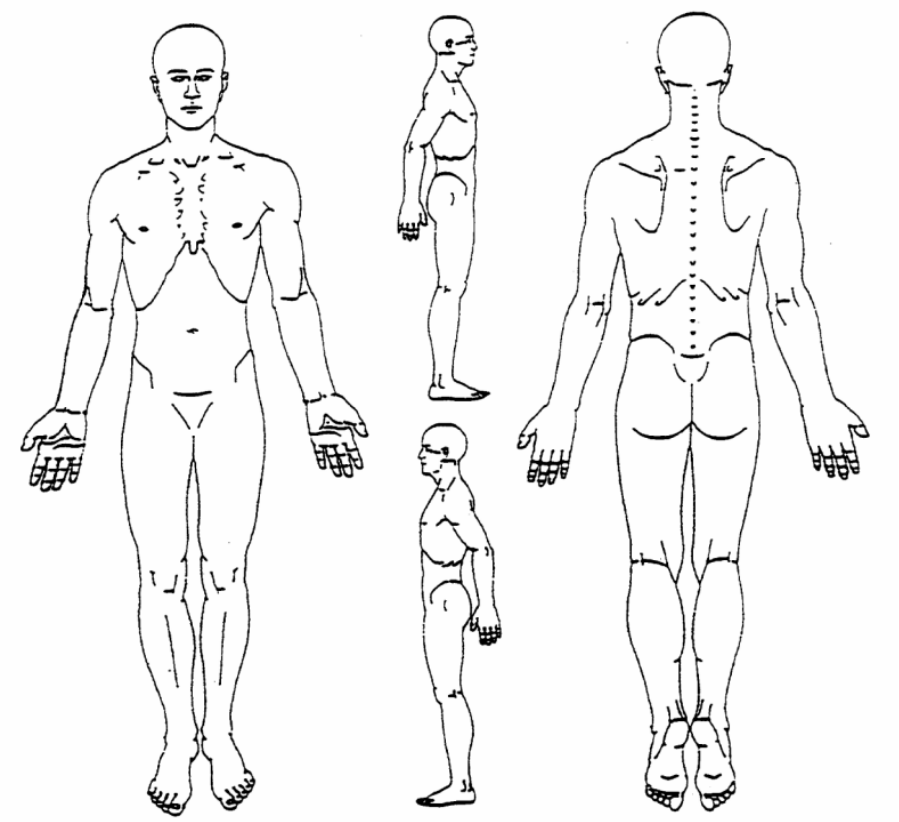
_____

7. Please state the areas of your body where you are experiencing discomfort. Describe where the discomfort is located and the type and degree of discomfort; level 1 being little pain, and 10 being severe pain (e.g. throbbing knee pain, level 5).

_____

_____

Please use the following diagram to circle localized areas of discomforts:



8. What relieves your pain? What increases your pain? This could be a movement, a yoga posture, or other. (Example: Knee pain increased by descending stairs; decreased when joint is resting).

_____

_____

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Date: ___/____/____

LIFESTYLE, PERSONAL WELLNESS, AND STRESS:

9. Describe your lifestyle.

• Do you watch what you eat?
☐Always ☐Sometimes ☐Rarely ☐Never

• How often do you exercise and what kind of exercise do you do?
_____

• Do you smoke? ☐Yes ☐No If yes, frequency:_____

• Do you drink? ☐Yes ☐No If yes, frequency:_____

10. In a few words, describe your typical diet.
_____
_____

11. In percentages, please indicate how much of your day you are in the following positions:
Sitting: ____% Standing: ____% Lifting: ____% Driving: ____%
Computer or desk work: ____% Lying down: ____%

12. What areas of your life are challenging or stressful? Check all that apply:
☐ Personal ☐ Work ☐ Family ☐ Other

13. What is your CURRENT perceived stress level – low, moderate, or high?
☐ Low ☐ Moderate ☐ High

14. Do your self-help methods help you deal with stressful situations?
☐ Yes ☐ No ☐ Sometimes

SLEEP, BREATH, & ENERGY:

15. Describe your sleep habits; for example:
☐ Do you get enough sleep? _____
☐ How many hours/night do you need to feel refreshed? _____
☐ Do you wake up frequently during the night? _____
☐ Do you have an established bedtime routine? _____

16. How would you describe your breathing patterns? Check all that apply:
☐ Shallow, chest breathing ☐ Deep and rhythmic ☐ I don't think about my breath
☐ Other: _____

17. How often do you spend time in nature? Check the statement that applies to you:
☐ Every day, I spend some time in nature ☐ I get out on the weekends ☐ I rarely get out in nature
☐ Other: _____

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Date: ___/____/____

LIFE TOOLS & RESOURCES:

18. Think about self-healing tools for a moment. This could be a book that you found helpful, a magazine article, a practice, or whatever comes to mind. Then answer the following question: Self-healing practices have worked in the past (check all that apply):
☐ Yes ☐ No ☐ Sometimes ☐ Rarely ☐ Never

19. Are there currently aspects of your life that give you joy and pleasure?
☐ Yes ☐ No ☐ Sometimes ☐ Rarely ☐ Never

20. Do you have a creative outlet (e.g. singing, journaling, writing, dancing, art, gardening, creative projects, etc.?)
☐ Yes ☐ No ☐ Sometimes ☐ Rarely ☐ Never

21. Do any of the following statements apply to you (please mark the ones that apply):
☐ I believe that most of life's daily challenges can be overcome
☐ I believe that life is hard and survival is a struggle
☐ I'm just waiting for the next big issue to come up and wear me down
☐ IN YOUR OWN WORDS, I believe: _____

22. Are you conscious of a higher purpose or meaning of your life?
☐ Yes ☐ No ☐ Sometimes ☐ Rarely ☐ Never

23. If you could change just one of your habits, what would that be?
_____

YOGA HISTORY (PLEASE COMPLETE IF YOU HAVE EXPERIENCE WITH YOGA)

- What is your experience with Yoga, meditation or other spiritual practices?

_____

- How often do you practice and is your practice regular?

_____

- Do you experience pain or discomfort in any pose? Which one/s?

_____

- Where is the pain and when do you feel it?

_____

- Have you had any previous Yoga injuries? How did they happen?

_____

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Date: ___/____/____

RELEASE AND INDEMNITY AGREEMENT: I hereby release Alive and Well Corp. and all its employees from all claims that may be sustained while attending this session, and I agree to indemnify Alive and Well Corp. and its employees for any claim which may hereafter be presented as a result of such injuries.

Print Name

_____

Signature

_____Date_____

Please return form to: Benjamin K. Conrow, MS, CBA, LYT
Certification #: 2363-TC10

Email: Benjamin@aliveandwellnessclermont.com
Phone or text message: (727) 201-7979

Instructor Signature: _____
Benjamin K. Conrow, Certification #: 2363-TC10
Date: _____