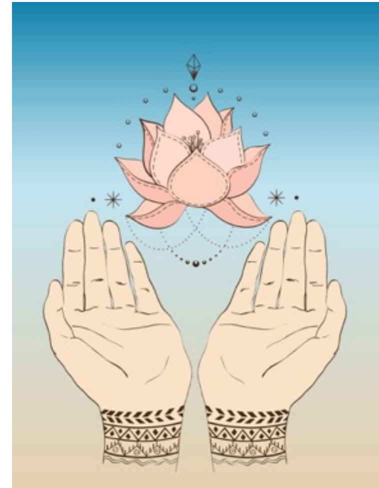
Synergy Therapeutic Yoga

Iris Mickey M.S.
Certified Yoga Therapist



This confidential information will help me gain a holistic understanding of your unique situation and goals.

Date:	
Name:	
Address:	
Phone Number:	Occupation:
Age:	Email:
How did you hear about me?	

- What is your predominant reason(s) for seeking yoga therapy at this time?

- What is your main hope or goal from our work together?

Health History

- Do you have or have you had:

High Blood Pressure		IBS/IBD or Crohn's Disease	
Low Blood Pressure		TMJ/TMD	
Glaucoma		Chronic Fatigue	
Osteoporosis		Fibromyalgia	
Diabetes		Rheumatoid Arthritis	
Anemia		Other Autoimmune Disorders	
Heart problems		Cancer	
Asthma		Neurological Diseases	
Chronic Cough or Wheezing		Headaches	
Snoring or Sleep Apnea		Visual difficulties	
Shortness of breath		Chest pain	
Hay Fever/Rhinitis		Night sweats	
Dizziness, Vertigo, or loss of balance		Traumatic auto accidents	
Unexplained falls or fractures		Major surgeries	
Hearing difficulties		Other chronic conditions	
Hernias or Ruptures		Back problems	
Unstable joints		Neck and Shoulder pain	
Joint dislocation		Epilepsy	
Joint swelling		Seizures	
Bursitis		Arthritis	
Metal implants/Artificial joints		Hypoglycemia	
Bladder or bowel control problems		Anxiety	
Pinched nerves or disc problems		Depression	
Sciatica		Broken Bones	
Allergies:		Other:	

For Woman Only:		Hysterectomy	
Menopausal challenges		Menstruation challenges	
Caesarian delivery		Are you pregnant?	

- Do you experience pain in any part of your body - on occasion, acute, or chronic? Where?

- Have you had any recent surgeries?

- Have you been under the care of a licensed health care professional in the past year? For what?

- Medications & supplements you are currently taking:

- Please mention any other health or medical conditions that you believe would be helpful to me in regard to any precautions that should be taken to ensure your well-being.

- What is the primary concern(s)/condition(s) that you are seeking support for through yoga therapy today?

Lifestyle

Please Note: Yoga Therapy looks at the whole person and understands that ones lifestyle choices are a significant part of healing. In order to offer you the highest potential for healing, please include as much information as you are willing.

- Describe your daily routine. What time do you get up? When do you eat? ETC. What does a typical day look like for you? (Eating, sleeping, exercise, work, activities)

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

- What causes you suffering?

- How is your stress level? What types of situations trigger stress?

- How would you describe your energy level in a typical day?

- Is your overall energy stable or quite variable?

- How would you describe your breathing? Do you frequently sigh, yawn, sniff, or cough?

Sleep:

- Are you a “night owl” or a “morning person”?
- Do you have a bedtime routine?
- How quickly do you fall asleep?
- How often do you awaken during the night?
- What is your usual bedtime?
- On rising, do you feel refreshed?
- Do you feel sleepy during the day?
- Do you use a C-pap and or have you ever had a sleep study?
- Do you experience Restless Leg Syndrome or Periodic Limb Movement Disorder?

Diet and Digestion:

What types of food(s) are eaten on a regular basis?

Breakfast	
Lunch	
Dinner	
Snacks	

Check all that apply:

- [ ] I have frequent heartburn
- [ ] I tend to feel sluggish
- [ ] Frequent gas/bloating
- [ ] Current or past problems with chronic eating disorders or other food related issues
- [ ] Current or past problems with addiction or substance abuse

- How many cups of caffeinated beverages do you drink per day?
  Type(s) of beverage: coffee/tea/soda

- How many cups of non-caffeinated beverages do you drink per day?
  Type(s) of beverage: herbal tea/milk/juice/other

- How much water do you drink per day?

- Do you smoke or drink? If so, How much per week?

Body Features: Ayurvedic Constitution

For each topic, which of the three choices best describes you over your entire life?

	My hands and feet are usually cold and I prefer warm weather
	I usually feel warm and prefer cooler weather
	My skin feels cool to the touch, I like warm (not hot/muggy) & dislike cold, wet days
	My skin is normal to dry, thin and itchy
	My skin is oily in the T-zone, and tends to be sensitive
	My skin is normal to oily, soft and smooth with a tendency to have large pores
	My hair is dry, brittle or frizzy. Scalp gets dry, flaky, and sometimes dandruff
	My hair is fine and my scalp is sensitive to chemicals and prone to dandruff
	I have thick, lustrous hair that is shiny & my scalp can get slightly oily to the touch

Yoga History

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

- What have you found most beneficial from these practices? Most difficult or challenging?

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

Signature ______________________ Date ______________