

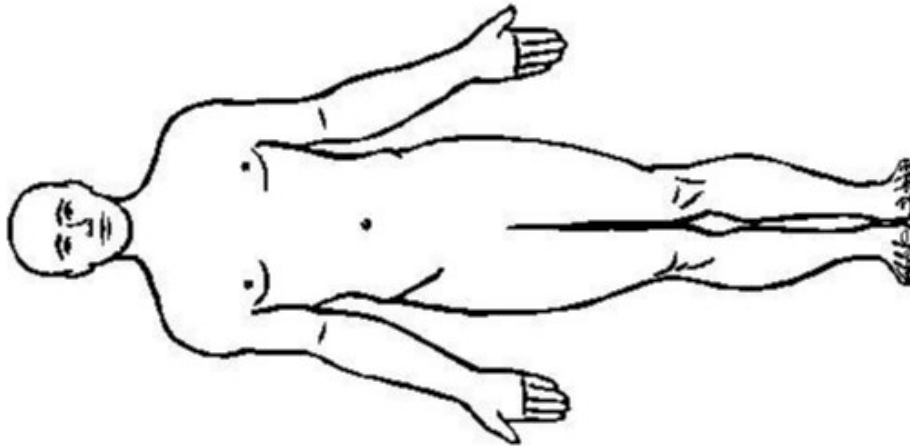
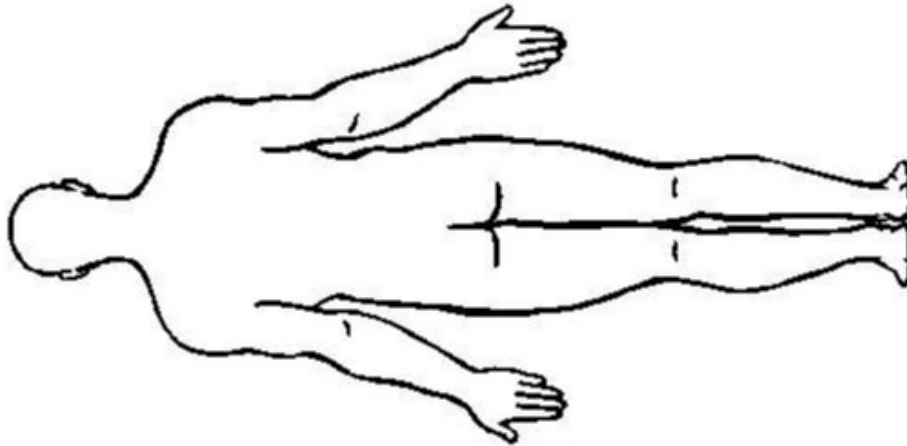


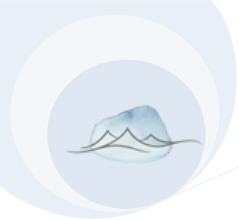
# Private Session Intake Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please let me know your areas of tension, tightness or pain. Feel free to use the extra space to write your comments.





# Return to Balance Yoga & Movement Therapy

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Session # \_\_\_\_\_

Contact info: \_\_\_\_\_ DOB/age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Other therapy / practitioners: \_\_\_\_\_

Advice / Precautions: \_\_\_\_\_

What brought you to therapeutic yoga / movement therapy? \_\_\_\_\_

What is your ultimate goal? \_\_\_\_\_

Primary Concern: \_\_\_\_\_

## History of Primary Concern:

When did it start? \_\_\_\_\_

Describe the quality \_\_\_\_\_

Location, radiation? \_\_\_\_\_

Intensity of pain (0-10) \_\_\_\_\_

When does it hurt most? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

What makes it better? \_\_\_\_\_

How does it affect your daily life? \_\_\_\_\_

What do you think the cause is? (or what have you been told?) \_\_\_\_\_

What have you tried previously? \_\_\_\_\_

How has it worked for you? \_\_\_\_\_

What are your goals? What do you want to achieve? \_\_\_\_\_

Why is that important to you? \_\_\_\_\_



# Return to Balance Yoga & Movement Therapy

**Secondary Concern:** (if applicable) \_\_\_\_\_

**History of Secondary Concern:**

When did it start? \_\_\_\_\_

Describe the quality \_\_\_\_\_

Location, radiation? \_\_\_\_\_

Intensity of pain (0-10) \_\_\_\_\_

When does it hurt most? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

What makes it better? \_\_\_\_\_

How does it affect your daily life? \_\_\_\_\_

**Physical / Emotional state:** (include anything you feel is relevant)

Energy level \_\_\_\_\_

Stress level \_\_\_\_\_

Physical activity (past, current) \_\_\_\_\_

Social activity \_\_\_\_\_

Home life / environment \_\_\_\_\_

Job demands / environment \_\_\_\_\_

Sleep \_\_\_\_\_

Diet \_\_\_\_\_

Self care practices & regularity \_\_\_\_\_

**Anything else you would like to add?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_