

Yoga Therapy Intake

Client Name:

Date:

Intentions & Health Aims (Sankalpa):

Safety Check, Crisis Issues:

Emergency Contacts:

Health Care Team:

Currently being treated for:

Support System:

Annamaya Kosha - physical body systems:

Symptoms, diagnoses, allergies, medications, past pertinent history, last ins & outs (food, period, sleep...), events leading up to now OPQRST: Onset, what provokes or palliates symptoms, quality of experience, region or radiation of any somatic symptoms, severity, time (how long)...

Vitality & Depletion Index - Pranamaya Kosha

Energy levels on a scale of 1-10 - any activities that drain or energize you? Changed over time?
Breath observation

Heart-Mind Reflection- Manomaya Kosha - Thinking/Feeling/Autonomic

Express any thoughts, feelings, habits, patterns, etc. as they pertain to your sankalpa

Discernment & Insight Invitation - Vijñanamaya Kosha - Higher Mind/Metacognition/Wise Self

What does your highest self have to offer to this process? What do they know for sure? What answers do you already know? What gets in the way?

Path & Purpose - Anandamaya Kosha - Connectedness/Life Purpose/Bliss

Memories of joy, wellness, or peace, spiritual beliefs and guiding values