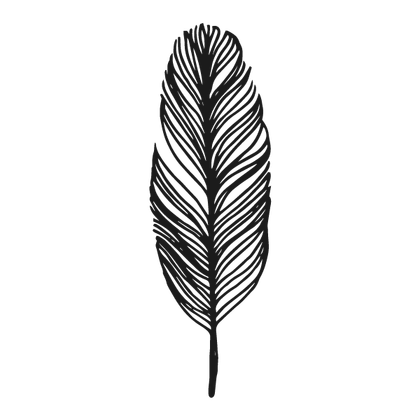
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A N N A M I T R A Y O G A

**PRIVATE YOGA SESSION INTAKE**

**Name: Birthday:**

**Phone Number: Email:**

Address:

**Medical history – have you had any major surgeries, injuries, illnesses, birth injuries, or other experiences that have directly impacted your health and well-being?**

**Are you on any medications?**

**What is your Occupation?**

**How many hours on average do you sleep per night?**

**How would you rate your current stress level (low, moderate, high, or extremely high)? How would you describe it?**

**Who can you count on in life?**

**Do you have pets?**

**Do you have children in your life?**

**Who do you live with?**

**Injury/Ailment Details**

**Where exactly in your body do you have pain?**

**How did injury occur?**

**How long has it been going on?**

**Has anyone in your family had similar issues?**

**What is the intensity of pain level (1-10)?**

**How constant is the pain?**

**What makes the pain better?**

**What makes the pain worse?**

**How does the pain feel? What are its qualities? (Dull ache, sharp, sting, electric shock, throbbing, tingling, tightness, pins and needles, insects crawling, hot, cold, numb, sporadic, etc.)**

**How do you feel emotionally when it flares up? (Frustrated, sad, overwhelmed, angry, shut-down, disassociated from your body, tired, depressed, hopeless, curious, other)**

**What other treatment(s) have you participated in?**

**What does a typical day look like for you? (Repetitive movement patterns?)**

**What is your history/relationship with yoga and movement?**

**What are your goals or intentions for this session?**

**What are your long-term health and movement goals?**

**PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:**

I understand that my sessions with Anna Mitra Connelly are not to be taken as medical advice. I affirm that I am solely responsible for my health and well-being, as well as my decision to engage in yoga therapeutics, a program of mindful movement. I consent to physical touch in the context of my sessions, and understand that Anna shall not be held liable for any injury, loss, or damage to property and/or person sustained during or as a result of participating in this and all sessions.

Signature:

Date:

\*If under 18, parent/guardian name and signature:

First, Last:

Signature:

Date: