

Yoga Therapy Pre-Assessment Questionnaire

White Crow Yoga

Name:

Email Address:

Phone No:

Age:

Gender:

Date:

#1. What is the primary reason you are seeking yoga therapy? In other words, what is your chief concern (pain, illness, desire to improve flexibility, decrease stress, etc.). Please be as specific as possible.

#2. Have you been given a specific diagnosis by a medical professional (if you listed a condition for question #1)? If so, please list the diagnosis, date of diagnosis, and who made the diagnosis (medical doctor, chiropractor, etc.)

#3. If you are undiagnosed, have you undergone test to rule out issues? For example, if you are experiencing neurological symptoms, but MS has been ruled out, you'd list that here.

#4. What, if any, treatments (including exercise, PT, yoga, or alternative treatments) have you tried for this issue?

#5. What surgeries (including cosmetic or reconstructive procedures) or major illnesses have you

experienced, including dates of each.

#6. Please list medications taken, amounts taken and why you take each medicine. Please include OTC (over the counter) and supplements, such as herbs or vitamins.

#7. If you have a regular yoga or meditation practice, please tell us a little about it, such as style practiced and times/minutes per week.

#8. What, if anything, makes your condition better or worse (example: exercise, walking, lying on your back, eating certain foods, etc.).

#9. Please list your employment/student status. If you work, tell us the hours per week and what you do for a living.

#10. What stresses you?

#11. Women: Are you pregnant? If so, how far along?

#12. Women: Are you menopausal or postmenopausal?

#13. On a scale of 1-10, where 1 means you eat mostly junk food and 10 means you eat a very clean, mostly organic diet, how would you rate your daily diet?

#14. How many days per week/minutes per day are you willing to commit to a yoga therapy routine (yoga, exercises, meditation)?

#15. Is there anything else you'd like to share?