



## Yoga for You

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<http://yogaforyoumissoula.com/>

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

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have or have you had:**

- High blood pressure
- Low blood pressure
- Glaucoma
- Osteoporosis
- Arthritis/Bursitis
- Seizures
- Diabetes
- Anemia
- Heart problems
- Asthma
- Shortness of Breath
- Dizziness, vertigo or loss of balance
- Unexplained falls or fractures
- Hearing difficulty
- Hernia/rupture
- Metal implants/artificial joints
- Bladder or bowel control problems
- Pinched nerves or disc problems
- Broken bones
- Food Allergies
- Irritable Bowel Syndrome or Crone's
- Chronic Fatigue/Fibromyalgia
- Rheumatoid arthritis
- Other Autoimmune Disorders
- Cancer
- Neurological diseases
- Headaches
- Vision difficulties
- Chest pain

- Night sweats
- Traumatic auto accidents
- Back problems
- Neck and Shoulder pain
- Major surgeries, please list:
- Stress/Anxiety/Depression
- Other chronic conditions

**Please mention any other health or medical condition that you believe may be helpful to your instructor and any precautions that should be taken to ensure your well-being:**

**Medications & supplements you are currently taking:**

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

**Please list other services you're receiving (i.e., physical therapy, acupuncture, psychotherapy, etc.)**

**Please briefly describe what you're currently experiencing, including onset/diagnosis:**

**Tell me a little about your life – diet, exercise, smoke, drink?**

**Would you describe your overall energy as stable or quite variable?**

**How do you rate your stress level on a 1-10 scale?**

**What types of situations trigger stress or bring in on for you?**

**What are some of the ways you find most effective for releasing stress?**

**Do you fall asleep easily? Do you awaken from sleep feeling rested?**

**How do you have fun in your life?**

**How would you describe your spiritual or religious life?**

**Briefly describe a typical day for you.**

**Have you practiced Yoga before?**

**What do you hope to gain from Yoga Therapy? What do you most hope to have addressed?**

**Do you any other comments/concerns?**