



KENDRA HEALING ARTS

## Integrated Yoga Therapy Health Assessment

### Private Yoga participant – Profile

Welcome to your first yoga therapy session with Kendra. Yoga therapy seeks the role of healing and addresses the spectrum of human issues and challenges; so some questions go beyond physical pain and injury. Your answers will remain confidential and will enhance our relationship as we work together.

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

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

Phone: \_\_\_\_\_ (h/w/m) Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ ( Please write clearly)

### Goals

What are your main reasons for starting yoga as therapy?

\_\_\_\_\_

What are the changes you are seeking with the support of our work together?

\_\_\_\_\_

Please also circle other reasons

- Vitality and energy
- Recovery from illness
- Spirituality and self-awareness
- Specific health conditions  
(Bones, nervous system, pain arthritis, skin, mental health) VATA  
(Respiratory oedema, mucous) KAPHA  
(Inflammation, auto immune, infections, febrile diseases, burning, blood, liver) PITTA
- Stress management
- Mental emotional wellbeing

### Yoga Experience

Please describe your experience with Yoga (styles and years).

\_\_\_\_\_

Do you meditate, practice mindfulness or relaxation techniques? Please describe.

\_\_\_\_\_

## Challenges

Please describe your main challenge, when it first started, symptoms, frequency, and time of day. What was happening in your life at the time?

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How does this affect your life?

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Are you seeing another health care professional for this complaint? Have you been referred by your doctor or psychologist? If yes please include name. Can I contact them Y/N?

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Please describe your discomfort. Is it mainly physical, emotional, mental or all. How do you know this? What felt sense in the body is there?

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What gives you relief? What aggravates it?

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Do you have personal support in your life? (friend, work colleague, family member, councillor)

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## Medical History

Please indicate whether any of the following relate to you (give details where appropriate)

Tendency to breathlessness or asthma. Spine ailments. High/Low blood pressure. Muscle, joint, tendon problems Diabetes. Broken bones. Epilepsy. Arthritis. Dizziness. Regular headaches or migraines. Cancer. Planning a pregnancy.

Recent surgery (past 5 years)

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Chronic conditions/ Mental health

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Medications taken and side effects \_\_\_\_\_

## **Lifestyle discussion**

### Energy OUT

Average day

Work

Responsibilities

Family/children

Stress levels (1 – 5) - Home

Work

Travel

Addictions (recreational drug use past or present)

Exercise

### Energy IN

Food habits

- Routines
- Water intake
- Alcohol/caffeine

Sleep cycles

Joy

Life transitions

Specific spiritual beliefs or community

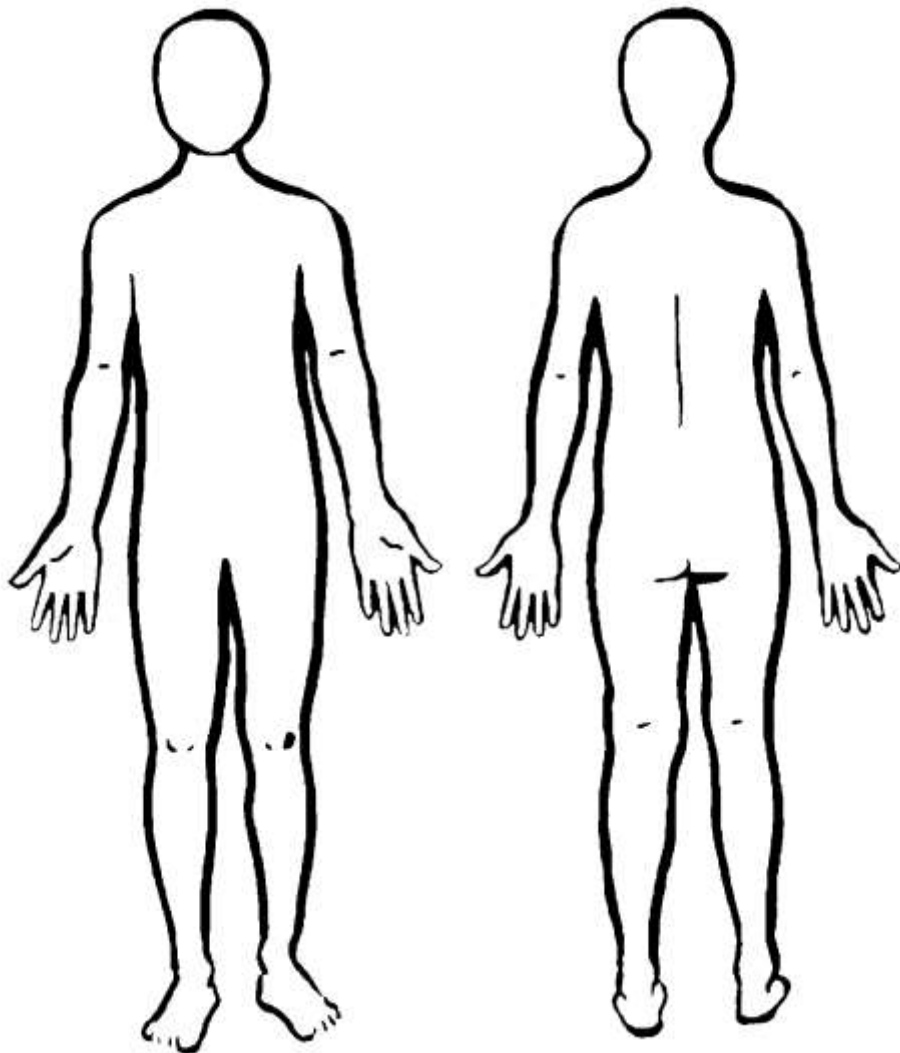
## **Liability Waiver**

I acknowledge that Yoga as a complementary therapy is not intended to replace medical care, and that it is my responsibility to communicate any injuries or health conditions that I may have. I understand yoga includes diverse activities such as, but not limited to physical activity, breath work, meditation, mantra, and some touch with permission. I acknowledge that it is my responsibility to do yoga practices within my own limits and capacities, to prevent any injury. I expressively waive any claim I may have against Kendra Boone for any injury or loss sustained by me while undertaking my practice of Yoga online or face to face under their instruction.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

## Body map

Please list or draw any significant experience that you feel might be relevant to our work together. This can include events from accidents, trauma, birth, addictions, relationships, health diagnosis's and surgery.



## Observations and assessment

First insight \_\_\_\_\_

### Dosha

Prakruti V / P / K    Vikruti V / P / K

### Nervous System

Yogic breath – 3 part

resting rate

emotion

**Prana Vayus** Apanasana Pranasana Samana Udhana Vyana

### Structural

Lordosis, kyphosis, scoliosis, hypermobility, hypo mobility, leg length, spondylosis, osteoarthritis, stenosis

Walking gait

Tadasana - extension

Uttanasana – Spinal flexion

Standing palm – Lateral spinal flexion

Vrksasana – Balance/stability

Marjaryasana/Bitilasana – Spinal mobility

Ardha Matsyendrasana – Spinal rotation

Salabhasana – Spinal extension

Situp – core strength

Phalakasana – Core strength

Savasana - Guna – 0 – 5 Tamas Satva Rajas

Body

Breath

Mind

## Development of Personal Practice

### Parameters of Practice

1. Amount of Time: \_\_\_\_\_
2. Time of Day: \_\_\_\_\_
3. Days per week: \_\_\_\_\_
4. Location: \_\_\_\_\_

### Development of Practice

1. **Nature of Practice** Bramhana(energising, heating, expansive, uplifting)  
Langhana (calming, restorative, cooling, reducing)  
Samana (centring) Siksana (late teens) / Raksana (adult) /  
Adhyatmika(mature) / Cikitsa (therapeutic)
2. Goals of the practice (agreement between teacher and client)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
3. Key considerations informing the practice
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
4. Mind-Body Observations / psychosomatic / language of body/ possible cause
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
5. Kosha
  - Ana \_\_\_\_\_
  - Prana \_\_\_\_\_
  - Mano \_\_\_\_\_

Klesas

  - Amita (ego) \_\_\_\_\_
  - Raga (desire) \_\_\_\_\_
  - Dvesa (aversion) \_\_\_\_\_
  - Abhinivesa(fear) \_\_\_\_\_
  - Vijana \_\_\_\_\_
  - Ananda \_\_\_\_\_

## **Follow up / subsequent sessions**

Discussion of experience of the practice

Observations of client doing the practice

Revision and develop of the practice