



## **PURVIDISE YOGA THERAPY**

GETTING TO KNOW YOU!

### **ABOUT YOU:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Add to newsletter distribution list? (check) Yes \_\_\_\_\_ No \_\_\_\_\_ (or only events? \_\_\_\_\_)

Phone number(s): \_\_\_\_\_

(please list in order that you wish to be contacted)

Emergency Contact (name & number): \_\_\_\_\_

### **TOP 2 GOALS THAT YOU WANT TO WORK ON IN THESE SESSIONS:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Special considerations for our visit [i.e. wheelchair access, scent/incense or allergy issues]?

\_\_\_\_\_

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

How long at current job? \_\_\_\_\_ Are you happy in your work? \_\_\_\_\_

Are you living your life purpose? \_\_\_\_\_

Married/Committed Relationship Y / N How Long? \_\_\_\_\_ Partner's name \_\_\_\_\_

Children Y/N (names/ages optional) \_\_\_\_\_

### **ABOUT YOUR BODY:**

Concerning Stress: (use reverse side to add more details)

- Current stressors (family, job, health, social issues, other: \_\_\_\_\_)
- What is your reaction to a stressful situation? \_\_\_\_\_
- Where do you feel it in your body? \_\_\_\_\_
- What decreases your feeling of stress? \_\_\_\_\_

Have you had a recent change in sleep pattern? Specify \_\_\_\_\_

Are you experiencing any of the following: (please circle) Pain in pelvis/hip/groin, incontinence, painful intercourse, low back pain, scoliosis, upper back/shoulders/neck, TMJ , knee issues, joint pain, high/low BP, chronic illnesses or conditions requiring medication, recurring aches and pains, headaches, injuries, etc.: (use reverse side to add more details)

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Digestion issues? \_\_\_\_\_ Number of bowel movements per week \_\_\_\_\_

List all surgeries within last 5 years: \_\_\_\_\_

Are you currently taking prescription medication (s)? For? \_\_\_\_\_

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Please list all services that you are receiving for your healthcare (including alternative) \_\_\_\_\_

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**ABOUT YOUR MIND/EMOTIONS/SPIRIT:**

What impact have your physical issues had on your daily living?

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What do YOU think you need in order to heal? \_\_\_\_\_

List the significant and influential events/challenges in your family or personal life today. What are you **tolerating** in your personal life (recurring problems, difficult relationships, etc.) \_\_\_\_\_

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List a few key areas in your life and/or work where you would like to experience progress:

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Please describe what progress would look like and what you think may be holding you back.

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On a scale of 1-10, with 10 being excellent, how would you rate your current overall (body, mind & spirit) health? \_\_\_\_\_

If you have a yoga practice:

Type, focus, duration, intensity? \_\_\_\_\_

What are your favorite yoga poses?

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why? \_\_\_\_\_

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Least

favorite?

why? \_\_\_\_\_

What activities/actions do you currently have in place to cultivate your overall health? Check all that apply.

Regular exercise. Specify \_\_\_\_\_

Prayer/meditation/other spiritual practice. Specify \_\_\_\_\_

I Drink plenty of water. (# of glasses a day?) \_\_\_\_\_

I Average at least 7 hours sleep a night

Conscious dietary choices. Specify \_\_\_\_\_

Specific "time off" (non-work time, recreation & relaxation) How often? \_\_\_\_\_

Learning new skills / ideas / activities. Specify \_\_\_\_\_

Hobbies, community service, etc. Specify \_\_\_\_\_

Other \_\_\_\_\_

Anything else that you'd like to share? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### WAIVER

I acknowledge that Carolyn Purvis, "the yoga therapist", will not provide a diagnosis of any medical problems or concerns that I may have or provide unsolicited advice. All sessions will be kept confidential. I understand that yoga therapy is a process of integration intended to facilitate wholeness and self-awareness. I also understand that I am solely responsible for my health, safety and well-being. I agree that I will inform the yoga therapist of any activity or movement which I cannot safely perform and that I will not perform any activity or movement that I feel is likely to cause me to injure myself. I agree to hold the yoga therapist harmless from any and all responsibility for any injury which I may sustain during or as a result of my yoga therapy sessions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### REFUND POLICY

It can be difficult to carve out time for ourselves but I believe that paying in advance helps people to set yoga and their health as a priority. As a benefit to my students who are willing to make the long term commitment, I offer a financial incentive to pay in advance. I keep my schedule open for your session and therefore I do not offer refunds. In the case of a true conflict, rescheduling can be done with a 24 hour notice. Emergencies will be considered on a case by case basis.

In the case of an injury, it is very important that you "get back in the saddle again" to regain use of an injured area. You may "freeze" your private sessions for up to six months in order to make up the missed sessions. I ask that you return with a letter from your Doctor telling me what precautions/modifications must be made to continue your practice. Please initial: \_\_\_\_\_

### PERSONAL CONTRACT

We are in a co-creative process and that takes a commitment on both of our parts. I will contact you within 48 hours if I am unable to keep our appointment and I expect the same from you (barring true emergency situations). Making changes can be difficult and require looking deeply within which can be uncomfortable. Know that I am on your side and will help you walk your path and I am asking you to honor our time together,

**not allowing the needs/desires of others get in the way of this process. This is a voluntary process and YOUR SUCCESS IS MY SUCCESS! By signing this you are agreeing to complete your agreed upon session (in a timely manner.)** Signed: \_\_\_\_\_ Date: \_\_\_\_\_