

# Treetop Yoga Therapy

Ena Rodriguez, C-IAYT, E-RYT500

Nationally Certified Yoga Therapist, iRest Facilitator

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## Yoga Therapy \* Private Yoga \* Mentorship

### Intake Questionnaire

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

Cell: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

What are your goals with Yoga Therapy?

\_\_\_\_\_

\_\_\_\_\_

Have you had any injuries or surgeries in the last year?

\_\_\_\_\_

\_\_\_\_\_

Medicines? (please list reasons for each and dosages if possible)

\_\_\_\_\_

\_\_\_\_\_

What is your regular exercise program?

\_\_\_\_\_

Faith? (optional)

\_\_\_\_\_

Diagnosed Chronic Issues?

\_\_\_\_\_

\_\_\_\_\_

What are symptoms you are experiencing?

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What typically makes it feel better?

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On a scale of 1-10, 10 being worst, what would you rate your symptom intensity?

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Please list other health care providers with whom you are currently working:

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How long have you been practicing yoga?

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What is your regular daily routine from awakening to going to bed at night?

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Do you sleep well? \_\_\_\_\_ Do you fall asleep easily? \_\_\_\_\_

Do you awaken during the night? \_\_\_\_\_ Can you easily get back to sleep? \_\_\_\_\_

Average number of hours? \_\_\_\_\_

Are you a primary caregiver to children, aged parents or anyone else?

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How Long as caretaker? \_\_\_\_\_

**On a scale of 1-10, 10 being the best, please rate the following:**

Physical fitness \_\_\_\_\_

Physical health \_\_\_\_\_

Nutrition \_\_\_\_\_

Water Intake \_\_\_\_\_

Coping skills \_\_\_\_\_

Self-esteem \_\_\_\_\_

Marriage or Partner \_\_\_\_\_

Connection to family \_\_\_\_\_

Profession \_\_\_\_\_

Organizational skills \_\_\_\_\_

Social skills \_\_\_\_\_

Playtime \_\_\_\_\_

Spirituality\_\_\_\_\_

Please sign and Date

I agree to participate in Yoga Therapy or private yoga with Ena Rodriguez. I understand that our work is confidential. This is a physical practice; despite the education, experience and discernment of the teacher, I accept the inherent risk of movement therapy.

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Signature

Date

Cancellation Policy:

For a first cancellation, there is no charge. Please call within 24 hours to cancel to avoid a \$20 fee. No shows are charged for that session; it will be counted off the five-session package or charged at the next session if a weekly/monthly client.

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Signature

Date

Thank you so much for your trust!