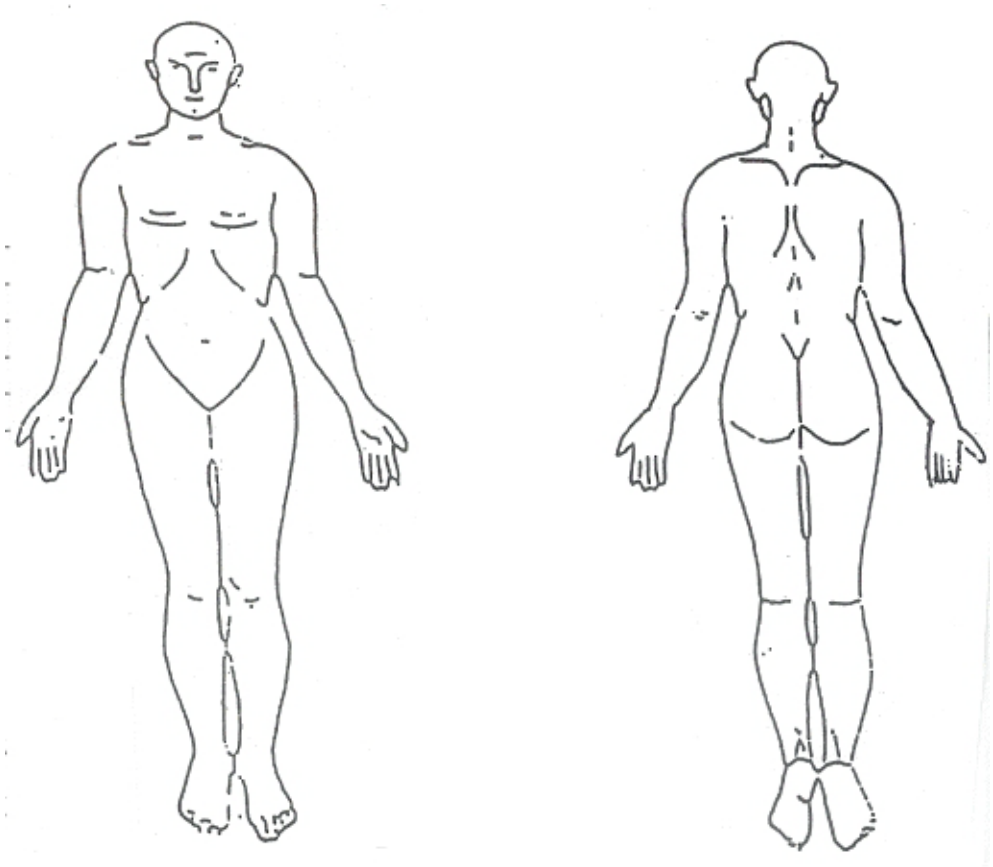
Yoga and Physical Therapy Clinic Evaluation	Today's date:
Patient Name:	
Please read this form over and then fill out those questions which are applicable and feel comfortable. Imagine this as a bridge between you and me. With some extra insight into your experience, some descriptive adjectives for your sensations, we can create something that will be yours' to use for your continued healing and growth.	
Step One: On the body chart below, place the most appropriate symbol where your pain or discomfort occurs. Use: • /// for sharp pain • ooo for dull pain • xxx for burning or radiating pain • = = = for numbness	
Step Two: Using a 0-10 scale, give each place you mark on the body, a range, like 0-3, or 3-7 showing the worst and the best in most days.	
	

Name:	Age:
Email:	Date of Birth:
Mobile Phone:	Work Phone:
Fax Number:	Home Phone:
Street Address:	
City:	State:
Country:	Referred by:
Occupation:	Most common position at work, ie sitting
Reason(s) for visit?	Date of onset of worst pain:
History timeline	Continue with history here as needed
Do you exercise presently? (Y/N) How?	What may have precipitated this injury or pain?
Do you practice yoga (Y/N) For how long?	If yes, list postures that aggravate your discomfort.
Is sleep interrupted by pain? (Y/N) By anything else?	Do you go to sleep in pain? (Y/N) Do you awaken in pain? (Y/N)
Average hours of sleep per day?	Average hours of work per day?
What would you like to see happen in your therapy?	Specifically, and short term?
Globally and long term?	Physically, what would you love to do?
If there are activities that you opt out of due to pain, discomfort or even fear, mention a few.	Any other restrictions due to pain?
With pain, what are you inclined toward for relief? A position? A stretch? Medicine?	What makes your pain worse?

What is your average stress level on a scale from 1 to 10 with small and manageable being 1 and nerve-wracking being 10.	Description of stress:
Do you notice if your breathing changes with pain or with stress?	Are you comfortable with your energy level?
What is your favorite part of your life?	What is your least favorite part of your life?
In your young life, how was your physical pain perceived, treated and managed?	How was stress managed in your family?
How are your present relatives or close circle of friends, about your pain?	Do you tend to keep it private, to be brave, or, do you find it comforting to discuss with them?
Is there another way of pain management not listed?	Do you have a spiritual practice, not necessarily formal, and could be any daily rituals or ways of quieting so that you can hear yourself?
Is there anything else in your medical history that would be helpful for us to discuss or for me to know?	Is there any history of cancer, heart or lung disease?

Our therapy practice is about giving you the tools, to be your own therapist. Please discuss any questions or notions you have to enhance our co-creation of your healing process. We are honored to work with you, to be a gentle guide along your path and to help you to connect to your strength.