

Thank you for choosing Aiyana Fraley/ Drops of Yoga LLC for Private Yoga Therapy. I am committed to creating a compassionate and encouraging atmosphere that supports your health and healing. I look forward to working with you.

Name: _____

Age: _____

Preferred Gender Pronouns: she/her he/him they/them
other _____

Current or previous employment: _____

Phone number(s): _____

Email: _____

Home address: _____

Emergency contact name/number: _____

Referred by: _____

If you found me online please check how:

___ Google Search ___ Google Ad ___ Bing ___ Other _____

What type of yoga are you interested in? Check those that apply.

___ Kundalini Yoga ___ Gentle/Restorative Yoga ___ Yin Yoga ___ Chair Yoga
___ Meditation

Getting To Know You

What is your primary reason for consulting with me about private yoga therapy?

Any previous treatments or methods regarding this condition/ goal?

What do you think is getting in the way of making the changes you want in your life?

Have you have experienced suicidal thoughts or attempted suicide? If so, please provide some details.

If you woke up tomorrow living your ideal life, what would it look like (i.e. physically, energetically, mentally/emotionally and/or spiritually)?

Briefly describe a typical day for you. What do you like to do in your free time?

What do you hope to gain from private yoga therapy? What do you most hope to have addressed?

Is there anything else you would like me to know about you that I did not ask?

State of Health

Check any of the following symptoms, past or present:

• Back pains	• Neck pains	• Irritable bowel/ colitis
• Slipped discs	• Joint aches	• Skin condition
• Gout or Glandular Condition	• Heart attack /pacemaker	• Reduced mobility
• Scoliosis	• Bone fracture	• Mental illness
• High blood pressure	• Varicose veins	• Operations / Implants
• Diabetes	• Headaches	• Respiratory Conditions
• Stroke	• Hormonal condition	• Seizures or Epilepsy
• Arthritis	• Abdominal condition	• Neurological condition
• Crohn's disease	• Cancer	• HIV/ Aids

Give a brief history of the problem (from above, if applicable):

Please list any significant experiences of grief, shock, major disappointment, severe fright, intense and prolonged stress, nervous breakdown, burn-out:

Please list any other conditions I should be aware of:

Are you pregnant? No Yes Month

General Condition

Please indicate type and quantity of consumption:

Tobacco / cigarettes:

Alcohol:

Medication:

Drugs:

How much exercise do you get per day / per week?

I understand that:

No medical diagnosis will be given and no promises of cure have been made. A treatment or yoga practice is no replacement for competent medical care. That all physical activity entered into is on a voluntary basis only. In case of injury, I take full responsibility. I am responsible to pay for private sessions I do not attend or those I cancel within less than 48 hours notice.

Signature: _____ Date: _____

