

# History and Lifestyle Inquiry Form

This form has been given to you by your yoga therapist to assist in better understanding your background and concerns. This will help in determining what practices will be best suited for you. Please take a few minutes complete this form to the best of your ability. Please use back of form if needed.

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

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_ Grandchildren \_\_\_\_\_

Name / Phone of Doctor \_\_\_\_\_

E-mail address \_\_\_\_\_

Yes, sign me up for the monthly e-newsletter

**Living Situation** (i.e. Nurturing loving situation / stressful place / argumentative place)

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**Exercise Regime and/or Current Yoga Practice** (if any) \_\_\_\_\_

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**Main Health Problem / Concern:** (Include symptoms, how long bothered, etc.) \_\_\_\_\_

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**Other Health Problems** (Please specify if past or present, dates occurred, etc.) \_\_\_\_\_

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**Medications and/or Complementary Therapies Currently Used:** \_\_\_\_\_

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**Serious Health Problems of Relatives:** \_\_\_\_\_

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

**Sleep Pattern:** (Hours per night, number of times you wake, difficulties in getting sleep) \_\_\_\_\_

\_\_\_\_\_

**How many times a day do you eat?** \_\_\_\_\_

**Dietary Habits** (fast foods, carnivore, natural foods, vegetarian, vegan, etc...)

**& Types of food in diet** (meat, vegetables, fruit, carbohydrates, sweets, cakes, etc):

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

**Do you have time to cook fresh produce or do you buy prepackaged food?** \_\_\_\_\_

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

**How often do you eat out / get take outs?** \_\_\_\_\_

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

**What type of beverages do you drink?** (Tea/coffee/soft drinks/water/alcohol) \_\_\_\_\_

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

**How Much Do You Drink a Day?** Water: \_\_\_\_\_ Other: \_\_\_\_\_

**What would you like to achieve from Yoga Therapy? Please list up to three goals.**

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

**Any other information?** \_\_\_\_\_