

## Personal History

Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address  
\_\_\_\_\_

Phone  
(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(email) \_\_\_\_\_

What would you most like to gain from this program of Yoga?

Experience with stress management, yoga or meditation:

### 1. Physical Body

How would you describe your health overall?

If your body could talk, what would it say about its state of being?

How is your diet and digestion?

Do you have any joint or muscle pain or tension?

How is your posture?

What kind of work do you do?

Is your body comfortable at work?

What do you do for exercise?

What do you do for relaxation and stress reduction?

Major illnesses and surgeries, chronic conditions, accidents:

Current health challenges:

To what extent do these health challenges restrict your daily life?

Are you currently seeing a health care provider and what for?

Any prescription or non-prescription medications and what for:

### 2. Breath and Energy Body

Is your daily schedule regular or does it change from day to day?

Any difficulties noticed with breathing?

Do you notice changes in your breathing when you become upset or agitated?

Were you ever a smoker?

What is your overall energy level?

Would you describe your overall energy as stable or quite variable?

What are your sleep patterns like?

Do you wake up feeling refreshed to start your day?

If there are energy fluctuations when do you feel them?

### 3. Psycho-emotional Body

What is your stress level?

What tends to bring on or trigger stress in your life?

Ways you find most effective for releasing stress?

Do you find yourself getting upset and irritated often?

Do you experience depression or anxiety?

Emotions you have difficulty feeling or expressing?

Are personal relationships nurturing and supportive?

Is your career nurturing and supportive?

What are the main challenges, issues in your life right now?

What would you consider to be the main losses you have suffered?

Do you have close friends or others that you can confide in?

### 4. Wisdom Body

Do you ever noticed that you keep bumping up against the same problems and situations in life?

Are there habits you would like to change?

Do you feel you have a big picture of your life as a whole or do you feel stuck in the forest just looking at the individual trees?

### 5. Spiritual Dimension

How would you describe the spiritual dimension of your life?

What do you see as ultimately most important in life?

Do you feel you have a particular mission or vocation in this life and are you fulfilling it?

Program Goals - Yoga Eight -Week Individual Wellness Program

Name

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1. Physical Body Goals and Objectives:

Muscle Strengthening

Muscle Stretching and Flexibility

Stabilization of Joints

Digestion and Elimination

Overall Posture Improvement

Overall Health Improvement

Other Body Systems

Diet and Lifestyle

Pain Reduction

Body Awareness

Specific Postures or Practices

2. Breath and Energy Body

Improve Breathing - Specific Areas

Improved Energy Level

More Stable Energy

Improved Sleep

Breath Awareness

Increased Awareness of Prana

Expansion of Prana

3. Psycho-emotional Body

Ability to Identify Stressors

Overall Stress Reduction

Greater Peace of Mind

Less Trouble Handling Emotions

Ability to Feel Emotions More Fully in the Body

Less Upsetting and Irritated

Less Anxiety or Depression

More Satisfying Personal Relationships

Finding Greater Fulfillment at Work

Greater Sense of Self-esteem

4. Wisdom Body

Ability to Gain a Wider Vision of Life

Change in Habits

Ability to See Core Patterns

Be the Director of the Play rather than the Actor

5. Spiritual Dimension

Deeper, Richer Spiritual Life

A Sense of Living Life Fully

Lived Experience of the Meaning of Life

Lived Experience of that which Remains when the Body is Gone

Lived Experience of the Unity of All Life

Deeper Understanding of All Aspects of Yoga