



Phoenix Rising Yoga Therapy w/ Artemisia Shine Client History Form

Phoenix Rising Yoga Therapy (PRYT) is a holistic healing art combining the ancient science of yoga with elements of contemporary body mind psychology.

Please Note: All client information is held in the strictest confidence is never disclosed or shared without your explicit consent. Your email is added to Artemisia's client list for occasional newsletters.

All questions are optional. They help me hear your story as it is today.

Today's date: _____

Name: _____ Age: _____ Height: _____ Weight: _____

Address: _____ Occupation: _____

Phone (Cell): _____ (Home): _____ Birthdate: _____

E-mail: _____ How did you find me? _____

Please list any bodywork you have received (i.e. massage, shiatsu, acupuncture, etc.) as well as the frequency/infrequency. How has the experience been for you?: _____

Current exercise/physical activity routine and how it works or does not work for you?: _____

Any experience with yoga, meditation or mindfulness practices? How is this for you?: _____

How does faith, religion, or spirituality show up in your life? How do you refer to this? _____

Briefly outline your personal support system as it looks today (i.e., family, friends, health care providers, groups): _____

What do you hope to receive from Phoenix Rising Yoga Therapy? What is going on with you in your life right now that inspired you to use a mind-body healing modality? Is there anything else you'd like me to know?: _____

All questions answered below will help me work more effectively with you.

**Please check any condition that applies to you.
For any questions with a (•) answered yes, please explain:**

•Addiction Recovery - Length of time in recovery: _____

AIDS

Arthritis / Degenerative disc disease / Osteoporosis

•Asthma - Do you need an inhaler?: _____

Bulging or herniated disc

Chronic Fatigue Syndrome

Contact lenses (if they are on now)

Depression

Eating disorder

Emphysema / breathing problem

Fibromyalgia

Fatigue

Fused vertebrae

Heart condition

Hernia

•High blood pressure - Do you take medication? _____

•Hepatitis - Type _____

History of physical, sexual, and/or emotional abuse

Low blood pressure

Neurologic Problems

•Pregnancy - Months? _____

Are you taking any prescription/non-prescription medication or recreational drugs? For what reason?: _____

Please list any history of surgeries, major illness, chronic conditions, accidents, injuries, or anything that might be relevant while working with your body today?

_____ Date: _____
_____ Date: _____
_____ Date: _____

Any other conditions that will affect or be affected by touch or moving your body?:

Please list any condition you have received treatment for in the past 2 years.

Care Provider	Approx. Treatment Dates:	Condition:
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Regular Physician	_____	_____
	_____	_____

Homeopath/Naturopath	_____	_____
	_____	_____

Psychotherapist	_____	_____
	_____	_____

Chiropractor	_____	_____
	_____	_____

Psychiatrist	_____	_____
	_____	_____

Other (please list)	_____	_____
	_____	_____
	_____	_____