



Marcel Nagy, C-IAYT
yoga therapy for healthy living

Intake Questionnaire

Please answer the following questions in detail

Name

Date

Date of Birth

Age

Phone

Email

Height

Weight

Address

Occupation

Current health status, including present and chronic issues

Medical diagnosis

Are you currently under a doctor's care and do you have their approval to seek alternative treatments?

Current medications & supplements

What type of treatments/tests/surgeries, etc. have you undergone relating to your present issue?



Additional surgeries, tests, or treatments related to other issues?

Family health history

Current level of activity-type and frequency

Dietary restrictions, preferences & routines

Include alcohol consumption, cigarette or drug use

Areas of your life affected by your current condition

(work, social activities, family responsibilities, sex life, emotional issues, etc)

If you are experiencing pain, is it chronic or episodic?

Is the pain better or worse at different times of the day or during particular activities?

What makes it feel better and what makes it feel worse?

What causes you stress, and what is your current or chronic level, rated from 1-no stress to 5-extreme and chronic stress?

If you have seen other practitioners, which types of treatments have helped most?



Do you take time for any type of mindfulness or contemplative practice on a regular basis?

Short term goals for yoga therapy

Long term goals for yoga therapy

Any other details to share

I understand that Marcel Nagy is not a medical practitioner, but is certified through the International Association of Yoga Therapists. I am voluntarily participating in suggested yoga practices, and am aware that there are risks involved in any physical activity, for which I assume ultimate responsibility. I deem myself mentally and physical sound and am not suffering from any condition that would put myself at risk. I understand that it is recommended that I consult my personal physician for approval in working with a yoga therapist.

Signature

Date