



INTAKE FORM

Please fill out this form before your first session at Yoga and Art NYC. Scan the form and email it to Karen@yogaandartnyc.com

All information you provide here is confidential.

Name: _____

Name of parent/guardian (if under 18 years): _____

Address: _____

Home Phone: _____ May we leave a message? Yes No

Cell/Other Phone: _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____

Birth Date: ____ / ____ / ____ Age: ____ Gender: Male Female

Marital Status: _____

Please list any children/age: _____

What is your occupation? _____

Are you currently employed? Yes No

Please Circle and Indicate Family Member or Self and please describe:

Alcohol/Substance Abuse yes no

Anxiety yes no

Eating Disorders yes no

Depression yes no

Obesity yes no

Domestic Violence yes no

Obsessive Compulsive
Behavior yes no

Suicide Attempts yes no

Schizophrenia yes no

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

No Yes, previous therapist/practitioner: _____

Diagnosis: _____

Comments: _____

Are you currently taking any prescription medication? Yes No

Please list:

Have you ever been prescribed psychiatric medication? Yes No

Please list and provide dates:

Please list any specific health problems you are currently experiencing:

What types of exercise to you participate in?

Are you currently experiencing any chronic pain? No Yes

If yes, please describe:

What are your current challenges?

What would you like to accomplish during your time with Yoga and Art NYC?
