

Appendix

Rationale for using an intake form

An intake form is a vital part of running yoga therapy groups and individual sessions for clients with mental health issues. Professionals working in mental healthcare may already use intake forms, but will benefit from the information that follows as it specifically relates to yoga therapy.

An example of an intake form, adapted from the one used by The Mindful Institute, follows. It can be used with clients presenting with mental health complaints (whether clinically diagnosed or self-reported) at yoga therapy groups or individual yoga therapy sessions.

We recommend that the intake form be completed by a new client before their first yoga session. Not only will this help you to assess the client's mental health history, it will also help you to decide if you are sufficiently trained to work with them (either individually or in a group), and whether you need to refer them to a qualified mental health (or another healthcare) provider. Taking on a client you do not have the skills or training to support properly is unethical and may cause them harm—this can be prevented by learning in advance if a client is within your scope of practice to treat, and informing them beforehand if you need to refer them to another provider: not telling a client this until their first session could leave them feeling rejected, hopeless, or unworthy.

By reviewing the completed intake form before a client starts yoga therapy, if you discover their mental health issues are beyond the scope of your practice, you can explain that it would be beneficial to refer them to another yoga therapist with more appropriate skills and training. Alternatively, you could consult with a yoga therapy supervisor or mentor and see if they believe you could treat this client with their support. Accordingly, part of your work as a yoga therapist is putting into place a network of professionals with different skills you can refer to, and making use of supervisors and mentors who can provide you with guidance in complicated cases.

Another advantage of a completed intake form is that you are able to consider the needs of the client/student in advance and design the yoga therapy sessions with those needs in mind.

Remember that an intake form contains confidential information. You must follow the appropriate procedures for protecting this information in accordance with the jurisdiction of your own country or state.

Yoga therapy – client details

Name	<input type="text"/>
Date of birth	<input type="text"/>
Gender	<input type="text"/>
Occupation	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

Your Physician and Emergency Contact Information

Name of physician:

Physician's phone number:

Name of emergency contact:

Emergency contact's phone number:

Relationship to emergency contact:

Please note that we will only call your physician and/or emergency contact in the case of an emergency.

Your Psychological Health

1 Please describe your chief mental health complaint.

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2 How long have you been dealing with this mental health issue?

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3 Please describe any other mental health issues you may previously have had.

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4 Please provide details of any medications you are currently taking for your mental health. Please also include any medications you are currently taking for your physical health that may impact yoga therapy. Provide details about medications prescribed by your doctor, as well as unprescribed medications bought over the counter (including herbal and other supplements).

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5 Have you previously sought, or are you currently under the care of a doctor, counselor, psychotherapist, or social worker?

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6 Please provide a brief history of other therapies, medications, or complementary medicines you have used to support your mental health, including diet.

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7 Do you suffer from sleep difficulties?

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8 Did you previously, or do you currently, have thoughts about harming yourself or anyone else?

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9 If you have ever been hospitalized because of a mental health issue, please provide the year, reason, and the length of time you spent in the hospital or mental health facility.

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10 Have you previously or are you currently experiencing trauma? Please provide details.

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11 Have you ever attempted suicide?

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12 Have you previously or are you currently experiencing psychosis, including hearing voices or having visual hallucinations?

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13 Are there any specific psychological sensitivities that could impact your yoga therapy?

.....

Your Physical Health

1 Are there any areas of your body in which you have restricted movement or experience aches and pains?

.....

2 Please indicate if you are currently experiencing, or have previously experienced, any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Rheumatism |
| <input type="checkbox"/> Back, shoulder, or neck pain | <input type="checkbox"/> Damaged joints or muscles |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Other circulatory disorders |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Other digestive disorders |
| <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Problems during pregnancy or childbirth |
| <input type="checkbox"/> Menopausal problems | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Diabetes
(Type 2/Type 1/gestational) | <input type="checkbox"/> Excessive fatigue/chronic fatigue syndrome |

3 Please list any other health problems you experience, or have experienced, not listed above:

.....

4 Are there any specific physical sensitivities that could impact your yoga therapy?

.....

Your Lifestyle

1 Do you smoke? Yes / No

2 Do you drink alcohol? Yes / No

If yes, how many units per week? (One medium glass of wine = 2 units / one pint of lager = 2 units / one measure of spirits = 1 unit)

3 Do you engage in any exercise? If so, what is it and how frequently?

.....

4 Do you have a view as to how often would you like to practice yoga?

Once a week / Three times a week / Weekdays only / Weekends only / Daily / Varies

5 When do you feel most energetic?

Morning / Daytime / Evening

6 Do you drink coffee or other caffeinated drinks?

If yes, how many cups a day?

7 What is your daily and weekly sugar intake?

Yoga Practice

1 Have you ever practiced yoga before? Yes / No

2 If so, what style?

3 How long have you been practicing / previously practiced yoga?

4 What was your experience of yoga?

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5 Do you have any concerns about practicing yoga or participating in yoga therapy?

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Confidentiality

The [name of agency] honors your privacy. All information is confidential and every effort will be made to ensure that your identity is protected. All discussions between the yoga therapist and client are strictly confidential.

There are, however, some limitations to confidentiality that you need to be aware of: as your yoga therapist, I reserve the right to break confidentiality and contact the appropriate service(s) should you be considered to be a risk of harm to yourself or others. I will make every effort to inform you prior to taking this action.

Disclaimer

I confirm that to the best of my knowledge all of the information provided in this form is accurate and up to date. I understand that yoga therapy may include practices that involve physical movement, breathing, and meditation, which induce specific physiological and psychological changes. I hereby state that to the best of my knowledge and belief I am able to participate in these activities. In the event that I am unsure, or if I have any questions regarding these practices, I will speak to my doctor and my yoga therapy practitioner to receive further counsel and will follow the advice given.

I understand that yoga therapy does involve movement and, in the unlikely event that injury occurs, I will not hold my yoga therapist liable. I hereby assume full responsibility for any risk or injury arising out of, or related to, my participation and/or instruction in yoga therapy.

While it can be hugely beneficial, I understand that yoga therapy is not a substitute for any care I may be receiving from a professional primary healthcare provider, and that it is advisable to continue any psychotherapy work in conjunction with yoga therapy.

I understand that I am responsible for notifying my yoga therapist of any changes to my health or medical conditions that may affect the treatment carried out by the yoga therapist.

Signed	<input type="text"/>
Print	<input type="text"/>
Date	<input type="text"/>