

Name: Muriel C Paul

Phone Number: 617-892-0056

Date:

Name: _____ Month and Year of Birth

Phone Number: _____ Email address:

Reason for scheduling consultation:

Height: _____ Weight: _____

Input and Output Questions

1. How many glasses of water do you drink daily?

2. How many times a day do you eliminate your bladder?

3. How many times a day do you have a bowel movement?

4. How frequently do you eat meals?

5. How frequently do you snack?

6. Do you find yourself constipated frequently?

7. Do you find that you have loose bowel frequently?

8. Do you eat meat, fish, eggs or dairy?

9. Do you eat gluten?

10. Do you have any food allergies?

Natural Tendencies

1. Describe your hair using one of the following: wiry coarse, fine oily, thick full
2. Describe your nails as one of the following: thin brittle, round smooth, thick tough
3. Describe your eyes as one of the following: small dark, piercing bright, round deep
4. Describe your natural body type: long/lean or small/waif, average athletic, large sturdy
5. Describe your favorite taste: cool & crisp, hot & astringent, sweet & salty
6. Describe your temperament: anxious & distracted, quick tempered & reactive, judicial & fair
7. Describe your typical daily routines:

Practice. **It's okay to not have a yoga practice. Describe what you do to cope, sooth or self-regulate.**

1. Describe your yoga practice and include the length of your study, the type of practice, and the frequency and duration of your practice.

2. Describe your meditation practice. Same as previous question, you can also describe the way you support your spiritual life.

3. Describe any other Yoga or Ayurveda practices that your use daily, if there is.

Do you have a personal history with any of the following diagnoses?

Anxiety

Depression Personality Disorder OCD

Schizophrenia

PTSD

Eating Disorder Other

Arthritis

Cancer

Chronic Lung Disease Heart Disease

IBS

Krones

Diabetes

Sleep Disorders

Briefly describe your goals and intention for working with a Yoga Therapist. List any progressive benchmarks you are looking to achieve along the way.

Please create a Sankalpa for our work together. A Sankalpa is an intention that you would like to weave throughout your sessions.

Healing House by Mu, LLC

By signing this form, you are acknowledging that all information is correct and that you are authorizing Yoga Therapy, yoga instruction, and meditation practices and techniques intended to help facilitate healing and promote overall well-being. Yoga Therapy is not a substitute for Cognitive Behavioral Therapy or for working with a licensed professional. You also acknowledge that I, Muriel C Paul, am not a Licensed Professional Counselor, and that I am not acting as such. You agree to verbal cues, physical adjustments, and suggested practices based solely on my qualifications as a Yoga Therapist.

Name: _____

Date: _____ Signature: _____

Witness Name: _____ Date: _____

Signature: _____