

# breathingdeedly

## **Intake Form**

### **Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

### **Details**

Main complaints/why are you here?

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How long have you had these conditions?

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What have you tried before to help with these symptoms?

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Do you have an MD/medical professional diagnosis? What is it?

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What medications are you using?

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Herbs/Supplements?

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Spiritual Practice?

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**Lifestyle**

Family

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Kids

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Work

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Leisure

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Diet

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Exercise

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*(example: Sally has 2 kids works part time - a little time to herself in evening. She goes to yoga class twice/week identifies that as her practice. Vegetarian mostly cooks at home. Likes to knit.)*

## For Our Eyes Only

Doshic impressions?

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What Koshic language are we speaking in?

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Physical

Prana

Intellect

Wisdom

Heart

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### **Physical assessment if needed**

1. ROM Issues

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2. Weakness

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3. Tightness

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**Practices Given Today:**