

## RESONANCE PRACTICE PORTAL INTAKE FORM

As your qualified Yoga Therapist & Life Coach, I adhere to the AAYT Code of Practice which includes:

- Dealing respectfully and ethically with personal information about clients, with professional confidence.
- Working within the legislative requirements relating to confidentiality and privacy, and obtaining consent should the need arise for audio and/or video tape recording.

PLEASE NOTE THAT THE LIVE ZOOM SESSIONS ARE RECORDED AND ARE SHARED WITH PORTAL MEMBERS WHO ARE UNABLE TO ATTEND THE LIVE. BY TAKING PART IN THIS, YOU AGREE THAT YOU WILL NOT SHARE THE VIDEOS WITH ANYONE ELSE TO RESPECT FELLOW MEMBER PRIVACY.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

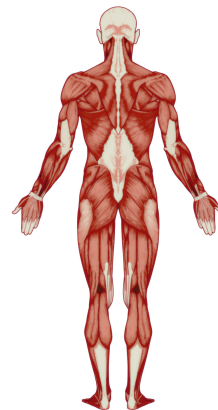
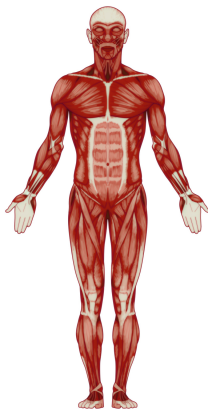
Have you practiced yoga before?  Yes  No

What is your main reason for taking part in the Resonance Practice Portal? A goal or outcome?

How did you find out about the Resonance Practice Portal?

### STRUCTURAL CHALLENGES OR LIMITATIONS

On the body chart below explain any limited range of movement, breathing issues, and pain: (circle body parts, make notes to side)



Please rate any pain on a scale from 1 - 10, 1 being minimal pain and 10 being excruciating pain.

1            2            3            4            5            6            7            8            9            10

\*\*Please mark any of the following conditions you have a history with or current challenge.

**Please put a H next to the item if its history, or C if a current condition.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> High Blood pressure      | <input type="checkbox"/> Alcohol / Drug dependency      | <input type="checkbox"/> Recent surgery          |
| <input type="checkbox"/> Cardiac inc arrhythmia   | <input type="checkbox"/> Gut issues / bloating          | <input type="checkbox"/> Infection               |
| <input type="checkbox"/> Blood clot               | <input type="checkbox"/> Arthritis / joint pain         | <input type="checkbox"/> Detached retina         |
| <input type="checkbox"/> Dizziness or fainting    | <input type="checkbox"/> Osteoporosis (loss bone mass)  | <input type="checkbox"/> Neurological conditions |
| <input type="checkbox"/> Sinus congestion         | <input type="checkbox"/> Neck injury like whiplash      | <input type="checkbox"/> Emotional changes       |
| <input type="checkbox"/> Headaches / migraines    | <input type="checkbox"/> Spinal injury                  | <input type="checkbox"/> Grief process           |
| <input type="checkbox"/> Cold / flu / respiratory | <input type="checkbox"/> Other injuries from sports etc | <input type="checkbox"/> Depression              |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Anxiety                 |
| <input type="checkbox"/> Allergies                | <input type="checkbox"/> Cancer                         | <input type="checkbox"/> Others, please specify  |



Physical activity: Do you have any regular personal wellbeing practices? Please describe:

## MENTAL & EMOTIONAL BODY

Do you have any anxiety, depression, feelings of being overwhelmed, mood changes or other feelings?

What strategies do you use to help manage these feelings? Please include any other therapists you are under the care of, as well as supplements or medications.

Would you say you approach life:

1. active and changeable, stimulating, maybe even restless at times
2. passive and sustained, at times maybe a little stuck or inert
3. harmonious and balanced, calm
4. not sure or a mix, please describe:

Do you consume alcohol or recreational drugs and if so how often?

Social consumption, stress relief/relaxation, or to ease emotional burden?

## SPIRITUAL HEALTH

Please describe with either of: good / excellent / poor / easeful / difficult or challenging

1. State of equanimity: calmness, level of composure in difficult situations?
2. Sense of compassion for self and others?
3. Sense of joy in life?
4. Capacity for self discipline?
5. Do you have a sense of meaning or purpose in life?

## AGREEMENT & COMMITMENT TO SELF

I am ready to take my personal practice to the next level and commit to completing the 3 set practices each and every week. I understand that I can access these sessions live in the zoom class, or if life stuff pops up, I will have access to the recorded session for 48 hours after the class. In the event that I do the recording, I will set a time for completion, schedule my diary, and be accountable to Liv afterwards. (Please note this is not to feel pressure, but to assist you in showing up for yourself).

Upon submitting this application to join the Resonance Practice Portal, I will set up my direct debit arrangement with GoCardless (link on website or here: [GoCardless link.](#)) The weekly membership fee is \$35.75 set to charge every Friday for the coming week. Please give 3 weeks notice if you need to pause or end your membership.

The practices of yoga which include asana postures and movements, breathwork, sound vibration, meditation all have powerful effects on the human body. I agree to always practice in accordance with my own limitations and health capacity, and to notify Liv of any changes to my health as appropriate. If needed, I will engage Liv for a 1:1 session to attend to challenges in a specific and individualised way. This is available at a discounted rate for Members. I will also consult my doctor if there are any concerns.

Signature \_\_\_\_\_

Date \_\_\_\_\_