

**Student Intake Form for Yoga Therapy**

Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_\_

History (service member, veteran, family, combat vs non, etc.): \_\_\_\_\_  
\_\_\_\_\_

**Subjective:**

Chief Complaint : \_\_\_\_\_  
\_\_\_\_\_

**Description:**

Onset (when & how did it start): \_\_\_\_\_  
\_\_\_\_\_

Provocation (what makes it better/worse): \_\_\_\_\_  
\_\_\_\_\_

Quality (numb/stabbing): \_\_\_\_\_  
\_\_\_\_\_

Region (where is the pain): \_\_\_\_\_  
\_\_\_\_\_

Severity (from 1 to 10):    1       2       3       4       5       6       7       8       9       10

**WARRIORS**  **AT EASE** | HEALTH  
RESILIENCY  
CONNECTION

Time of day when worse: Morning / Afternoon / Evening

Yoga/Meditation Practices: \_\_\_\_\_

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Recommendations & Resources: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_