Please fill out before your first session and email to hello@jessicadateyoga.com

Personal details

Name: **Date:**

What name do you prefer us to use/call you by?

Phone number: **D.o.B:**

Address: **Postcode:**

Email: **Occupation:**

Medicare Number:

Health care provider and number :

Do any other family members come here, if so who are they?

How did you find out about us?

Which of these areas are you seeking assistance with?

Spiritual wellbeing ☐

Mental wellbeing ☐

Emotional wellbeing ☐

Physical wellbeing ☐

What are the main reasons you are interested in coming to visit Jess?

Physical Background - Past, Present, Future

Past - Describe any significant history concerning your physical body. Include any accidents, medical intervention, medication, symptoms, toxin or drug exposure. Please include the date:

Have you ever been unconscious? **Yes** ◯ **No** ◯

Have you served in the military? **Yes** ◯ **No** ◯

Present - How is your physical body now?
Include any health challenges, diagnoses and medication:

Present - What is your typical diet, sleep quality and exercise routine?
Please mention any current health practices you are engaged in:

Future - What would your main goal be for your physical body?

Jessica Date
YOGA

Mental/Emotional background - Past, Present, Future

Past - Describe any significant history concerning your mental and emotional life? Please include any major life stresses, traumas or events, as well as any medications or mental and emotional symptoms you may have had:

Present - How is your mental health and emotional life now?
Please include any current mental health challenges, diagnoses and medications.
Also any current mental/emotional practices you are engaged in:

How would you grade your current (recent) levels of stress?

1 ◯ **2** ◯ **3** ◯ **4** ◯ **5** ◯ **6** ◯ **7** ◯ **8** ◯ **9** ◯ **10** ◯

Future - What would your main goal be for your mental and emotional life?

Spiritual Life History

Past - Describe any significant history, practices or philosophies concerning your spiritual life?

Present - How is your spiritual life now?

Future - What would main goal be for your spiritual life?

Additional Information

Sleep

How old is your mattress?

How old is your pillow?

What position do you predominantly sleep in?

Toxin Exposure

Do you consumer any of the following?

Caffeine/coffee ◯

Alcohol ◯

Refined sugars ◯

Do you take drugs? ☐ Yes ☐ No Have you in the past? ☐ Yes ☐ No

Do you use social drugs? ☐ Yes ☐ No Have you in the past? ☐ Yes ☐ No

Give a brief description: