



DKC Yoga, PLLC
Ananda Yoga Therapy

Adult Integrated Movement Therapy (IMT) Intake Application

Hello and welcome to DKC Yoga, PLLC. It takes courage to ask for support and I am here to offer compassion in a safe and welcoming environment to guide through your own exploration and healing. Please let me know if you have any questions about this intake application. I look forward to working with you!

Name: _____

Birth date: _____ Age: _____

Current or Previous Employment: _____

Phone Number(s): _____

E-mail: _____

Home address: _____

(street address)

(city)

(zip)

Emergency contact name/number: _____

Physician: _____

Who referred you or how did you hear about Integrated Movement Therapy? _____

Please tell me about your strengths, interests, and passions:

Please list other services you are receiving, such as therapies or support groups:



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For the following set of questions, please say as much or as little as you would like. Feel free to use the back of this paper as necessary.

Please briefly describe your illness or injury, including onset/diagnosis:

Please describe any concerns, differences or observations you have made regarding your gross and fine motor skills as a result of your condition or as a result of medications/side effects:

Please describe any concerns, differences or observations you have made with regard to your speech/language or cognitive skills as a result of your condition or as a result of medications/side effects:

How would you describe your social life? How has it changed as a result of your condition? What changes would you like to make in this area?

How would you describe your general emotional state?



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Briefly, what are your central religious/spiritual beliefs and practices, both current and past, if any?

Briefly describe a typical day for you. What do you like to do in your free time?

What do you hope to get from this therapy approach? What would you most hope to have addressed?

Anything else you want me to know?