Lisa Rosof, MA, C-IAYT. Psycho-Educational Consultant/Yoga Therapist
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# New Client Information – 2026

Name_____

Date of First Appointment_____

Age_____Date of Birth_____

Email _____

Mailing
Address_____

City/State/
Zip_____

Primary Phone(s) # - Cell/Text/Home/Work?
_____

Employer_____

Occupation_____

Marital Status_____ Partner's Name_____

Names & Ages of
Children_____

Emergency Contact & Tel #_____

Referred By_____

Primary Physician/
Phone_____

Are you currently taking any medications? If so, please list medications and prescribing physician.
_____

Have you ever been admitted to a psychiatric hospital? If so, when and what for?

Do you have any compulsive relationships with mood-altering substances that cause problematic consequences? If you are involved in a 12-Step recovery program, which one(s), how long have you been in recovery, do you have a sponsor?

Have you seen other body-mind health providers? If so, list names/approximate dates.

What type of problem are you having today?

What physical symptoms/sensations are associated with this? Where in your body are you experiencing the most sensation? Have you had this medically checked? If so, how do you typically care for yourself?

How would you describe your current mood/feelings? Use the reverse to further explain.

How would you describe your spirituality, religion and/or cultural traditions? Use the reverse to further explain.

How would you describe your nutrition/food habits? Use the reverse to further explain.

How would you describe your exercise/fitness life? Use the reverse to further explain.

What is your intention for the first session? Why is it you wish to see a yoga therapist?

Please use the reverse to let me know what else would you like me know about you.