



Yoga for Parkinson's Patient Intake Form

Name:

Address:

Phone:

Email:

Family Members:

Support (who helps you):

Hobbies:

Activities:

Favorite Music:

Parkinson's Information

Date of Diagnosis:

Specify any issues you are having (medical and movement):

Parkinson's:

Other:

What medications are you taking currently?

How does Parkinson's impact your life?

What did you notice before diagnosis and after diagnosis?

What other doctors/therapists are you working with currently?

What other therapies are you doing currently?

Do you see a movement disorder specialist?

List what you do on a typical day (morning, afternoon, and evening):

Yoga Information

Who referred you to yoga?

Have you practiced yoga before?

If so when:

What type of yoga?

What do you want to get out of a yoga class?

What are your goals?

Additional Information

Any other information you would like to share?