

Registration Questionnaire

Trauma Relief Through Yoga: Reclaiming Peace

❖ Participant Name : _____ Age: _____

❖ Phone Number: _____ Email Address: _____

❖ Emergency Contact Information (Name & Phone number):

❖ Please briefly describe any past experience with mindfulness. Please include whether it was a positive or negative experience and why.

❖ Please briefly describe any past experience with yoga. Include whether it was a positive or negative experience and why.

❖ Are you currently dealing with any injuries or health conditions that may impact your ability to practice yoga safely?

❖ For the purposes of yoga modification, please answer the following question: are you currently being treated for any of the following conditions?

Glaucoma____ high blood pressure ____ low blood pressure ____ Anxiety ____

Depression ____ Hip Replacement or injury _____ Other _____

Spine or neck injury _____

❖ Are you or could you be pregnant? _____ If so, how many weeks? _____

❖ With respect to your current emotional health, are you currently experiencing depression, anxiety, PTSD or other stress disorder symptoms? If yes, please indicate any or all that apply and whether you feel your symptoms are mild, moderate or severe.

❖ Depression _____ Mild _____ Moderate _____ Severe

❖ Anxiety _____ Mild _____ Moderate _____ Severe

❖ PTSD/other Stress Disorder _____ Mild _____ Moderate _____ Severe

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- ❖ Other _____
- ❖ Are you currently receiving treatment for your mental health? Yes _____ No _____
 - (If no, have you ever received treatment and if so, for how long?) _____

- ❖ If yes, I would appreciate having the name and phone number of your provider, though it is not required.

- ❖ Do you have any concerns about doing yoga or practicing mindfulness that I should know about? If so, please share them.

- ❖ Other information you would like me to know about you, to enhance this learning experience:
