*TCTSY Screen*

**Date of Screen:**

**MEMBER INFORMATION**

|  |  |
| --- | --- |
| **Name** |  |
| **Pronouns** |  |
| **Street Address**  |  |
| **Telephone**  |  |
| **Email** |  |
| **Age /Date of Birth**  |  |
| **Physical Conditions that might impact your yoga practice?**  |  |

**Can you share a little bit about why you are interested in Trauma Sensitive Yoga?**

**Doing something like yoga for trauma healing can bring up feelings and emotions, sometimes called “implicit or somatic” memories. If you feel it would be useful to talk about these things, do you have a support network that you can rely on?**

**Have you had any experiences, positive or negative, with yoga or any physical activity in the past that you would like us to know about?**

**Do you have any questions about the practice of TCTSY? Or questions for me?**