Sea Cliff NY
917-282-4064

YOGA THERAPY INTAKE

Thank you for choosing Stress Free Yoga. I am committed to Mentoring you in a compassionate and encouraging atmosphere that supports your health and healing. I look forward to working with you.

Name: LN

Address: Sea Cliff

Email:

Birthdate: 11/81

Emergency Contact:

Referred by:
Preferred Gender pronoun: she

Racial or Ethnic Identity:

Current Spiritual or Religious practice: none

Current or Previous Employment:

Freelance copy

What are your primary health or wellness concerns? Anxiety

Do you have a specific diagnosed condition(s):

- *Name of condition SVT*
- *Stage/type of that illness if applicable*
- *When diagnosed ? 2022*
- *By whom? cardiologist*
- *Currently being treated by*
- *Pain level 0*
- *Limitations due to condition n/a*
- *Known contraindications n/a*

How interested are you in Yoga practices to support the following goals (1=not interested, 2=moderately, 3= very interested)

- *Physical health and wellbeing 3*
- *Mental health and resilience 3*
- *Stress reduction 3*
- *Improved focus 3*
- *Enhanced quality of life 1*
- *Spiritual growth 1*
- *Other:*

Describe your primary reason for seeking yoga therapy. What are your goals for our time together? Reduce anxiety

Please list any other services you are receiving (i.e mental health therapy, physical therapy, acupuncture etc.): none

Please describe what you are currently experiencing, including onset/diagnosis: none

Describe any concerns, differences or observations you have made regarding your physical body in relation to the challenges you are currently experiencing: none

Describe any concerns, differences or observations you have made regarding your mental state in relation to the challenges you are currently experiencing: none

Describe any concerns, differences or observations you have made regarding your emotional state in relation to the challenges you are currently experiencing: none

What do you think is getting in the way of making positive changes in your life?

What do you hope to address and gain by a Mentorship and tools of Yoga Therapy?

Reduce anxiety and stress

Is there anything else I may have missed and you would like to share? none

Fee Scale and Agreement

The following is a fee agreement. Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:

1.

_____

Initial

2. **Cancellation policy**: There will be no charge if appointments are canceled 24 hours in advance. Cancellations within 24 hours of the scheduled time will be charged the full fee.

_____

Initial

3. Stress Freeing Yoga does not bill insurance companies in any circumstances. The only document provided is a receipt with specific codes if applicable, and receipts are emailed once/month. Clients have been successful in receiving reimbursement from their insurance companies in the past.

_____

Initial

4. **Returns/Refunds:** Pre-paid packages are non-refundable nor non-transferable.They expire one year from date of purchase.

_____

Initial

I have read the above agreement and understand its contents. By signing below, I am fully agreeing to all the above statements. (Please let me know if you would like a copy of this document for your records.)

_____

Client Signature Date

Communication and Confidentiality

Some clients choose to use email, texting and social media as a way of communicating with me. I prefer that clients do not use social media as a form of communication, and if I am contacted through these forms I will direct our conversation to the phone or personal email. I want you to know that any of these forms of communication may be putting you at risk of confidentiality breaches. I encourage any depth of information NOT be shared through these forms of communication and saved for our sessions together. Some clients prefer to use text messages and emails primarily for schedule changes. I can assure you that voicemails and what we say in person or over the phone is confidential, but I cannot guarantee this with other forms of communication.

Please initial which form of communication you prefer.

I am aware of the risks of text messaging and email, and I want to use these forms of communication with my therapist.

_____

Initial

OR

I only want to be contacted via phone. This *does not* include text messaging.

_____
Initial

Release and Liability Waiver

Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:

I understand that Stress Mentoring and Yoga Therapy incorporates both cognitive and physical approaches, and that there is an inherent risk when participating in physical activities. I agree to let the therapist know of any physical limitations I might have, or any physical activities I do not wish to participate in.

_____
Initial

I hereby release Stress Freeing Yoga and all other sponsoring agencies from responsibility for any injuries I may sustain as a result of participation in this program.

_____
Initial