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: Megan xxxxx

Address: *12 Pinkxxxx rd*

Email:

Birthdate: 12/2/1974

Emergency Contact: jeff giberstein 917-374-2402

Referred by:she/her
Preferred Gender pronoun: her

Racial or Ethnic Identity:

Current Spiritual or Religious practice:

Current or Previous Employment: Cosmetic Executive

Please list any other services you are receiving (i.e mental health therapy, physical therapy, acupuncture etc.): some physical therapy

Please describe what you are currently experiencing, including onset/diagnosis:
Spondylosis in C4 and 5, Piriformis syndrome all on the right side. Stress due to a busy career that affects sleep

Describe any concerns, differences or observations you have made regarding your physical body in relation to the challenges you are currently experiencing:

Pain that shoot down my neck into my right shoulder and down to the right hip

Describe any concerns, differences or observations you have made regarding your mental state in relation to the challenges you are currently experiencing:

Mentally I have some brain fog and forgetfulness, due to interrupted sleep.

Describe any concerns, differences or observations you have made regarding your emotional state in relation to the challenges you are currently experiencing:

I tend to hold my emotions in and not express when i am under stress or in pain.

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

Mostly just time due to a busy work and family life.

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

I would like to be able to manage my stress and emotions better. I think this will help with the pain I feel in my physical body. I would also like tools to help me get back to sleep in the middle of the night.

Is there anything else I may have missed and you would like to share?

I am 50 years old and I think I am too young for the pain I feel in my physically, I would like to find a different way to manage the pain the medication.

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.

_xx_____
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.

   _xx_____
   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.

xx_____
Initial

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

   ___XX___
   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.)

XXXXXXX

_____

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.

_____
xx 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 xx

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.

___xx___
Initial