



## **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:** M, I, J

**Address:** Roslyn NY

**Email:**

**Birthdate:**

**Emergency Contact:**

**Referred by:** she/her

**Preferred Gender pronoun:**

**Racial or Ethnic Identity:**

**Current Spiritual or Religious practice:**

**Current or Previous Employment:**

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

***Please describe what you are currently experiencing, including onset/diagnosis:  
M-limited mobility in feet due to low arches and excess weight  
I- recovering from breast cancer and surgery in the breast area,  
J- Fused vertebrae in L2-4 and C1-3***

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

***Changes in movement and stiffness.***

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

***Just general frustration with limited mobility***

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

***This group is very positive emotionally and have practiced yoga for many years.***

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

***Mostly time, not taking yoga into daily life but comes to class to practice.***

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

***Finding more options for movement and meditation.***

***Is there anything else I may have missed and you would like to share? J is the one in the group who experiences pain at a level 4 daily.***

## **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**