

Today's date _____

Welcome to your first Phoenix Rising Yoga Therapy session with Shivani. Please complete this confidential form to the best of your ability as this information may be helpful in our work together. Your information will not be shared without your consent.

Full Name _____ Birthdate _____ Age _____

Phone # _____ Email _____

Check here to subscribe to my newsletter featuring news, changes, events, and workshops

Home Address _____

Occupation _____ Employer _____

Emergency contact (Name & Relation) _____

Emergency contact (Phone) _____

How did you hear about my private practice? _____

Which kind of session are you here for: Individual Session Couples Session

What are the changes/goals you are seeking with the support of our work together?

Types and approximate dates of other wellness treatments or therapies: (ex: Psychotherapy/ Counselling, Massage, Acupuncture, Reiki, Cranial Sacral, etc)

If you are currently working with a mental health practitioner, such as a Psychologist, Psychiatrist, or Counsellor, may I contact them if any concerns arise? YES NO

If Yes, please provide their name and contact information. By providing this information, you are giving me written consent to consult with this professional as necessary and appropriate.

Please briefly list any current exercise, yoga, meditation, and/or spiritual practices:

Current medications or supplements: (include reason for taking)_____

Current recreational drug or alcohol use and frequency:_____

Do you have a personal support system? Please indicate (i.e.: Family, friends, therapist, groups)

History: Please list any significant life experiences that you feel might be relevant to our work together. This can include events from childhood to current experiences, such as history of addiction, trauma, mental or physical health diagnosis, accidents, surgeries, eating disorder, abuse, relationship with parents, emotional climate of family, suicidal thoughts, etc.

Please include approximate date or age at time of event.

Thank you for taking the time to fill out this form.

**Please read and sign the attached consent and release form.
Phoenix Rising Yoga Therapy**

Consent and Release Agreement

In consideration of receiving services rendered by Shivani Ashley Wells, I declare that:

My true and legal name is signed below, and that I am 19 years of age or older, or have the signature below of my legal guardian.

I understand Shivani will neither diagnose nor prescribe for any condition or problem from which I may appear to be suffering.

I understand a PRYT session is not a substitute for medical treatment.

I understand Phoenix Rising Yoga Therapy sessions can include touch, hands-on assisted postures and dialogue. I agree to take responsibility for my own safety by communicating my needs and physical limitations throughout the session.

I agree that I have filled out the intake form accurately in order to inform Shivani of any physical, psychological or health related issues prior to the session.

I understand that information from my intake form and from all sessions is completely confidential and will not be released without my written consent, with the exception of circumstances where there is a responsibility to contact authorities.

I agree to allow at least 24 hours notice if I need to change or cancel my appointment. I agree to pay the cancellation fee of 100% for any missed or late-cancelled appointments.

I understand that these terms apply to all yoga therapy sessions I receive from Shivani.

Name _____ Date _____

Signature _____

Legal Guardian: (Name) _____ (Signature) _____