



SHIVANI WELLS
EMBODIED MINDFULNESS THERAPY

Shivani Wells Phoenix Rising Yoga Therapist
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Today's date _____

Welcome to your first 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 written 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? _____

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 informed consent form.

Informed Consent Form

- **About Shivani Wells, BA, C-IAYT, E-RYT 500**

Shivani is a Certified Yoga Therapist. She holds a BA in Psychology from UBC, and is currently engaged in a Masters of Arts in Counselling Psychology at Yorkville University. She was certified as yoga therapist by the Phoenix Rising Yoga Therapy school (www.PRYT.com) in 2008, is on faculty with the PRYT school as a Course Director, and is Certified by the International Association of Yoga Therapists (C-IAYT #20583302, www.IAYT.org). Shivani has taken trauma-informed yoga and movement trainings, webinars with leading experts in trauma, and is committed to continuing education in body-based approaches for trauma recovery. Shivani is also an yoga teacher (E-RYT 500) and teaches public classes at YYoga.

- **What is Yoga Therapy**

PRYT sessions combine embodied mindfulness (body awareness), person-centered humanistic psychology, empathetic dialogue, and gentle movement/supported postures to support clients in exploring their present moment experience. Sessions may include touch only when deemed appropriate by both the client and Shivani. As a Yoga Therapist, Shivani does not assess, diagnose or treat any medical or mental health conditions/diseases/disorders. Yoga therapy is not a substitute for medical treatment.

- **Risks and Benefits of Yoga Therapy**

Possible benefits of yoga therapy include: gaining personal insights; learning skills for reducing stress, anxiety, and regulating/balancing the nervous system; increased mindfulness in daily life; a greater connection with your body; processing unresolved emotions; increased sense of self-agency and resiliency; learning to feel safe in your body after trauma.

Possible risks of yoga therapy include: evoking strong emotions or difficult memories; changes in self-awareness; increased feelings of fear or anxiety when initially reconnecting with the breath/body after trauma and/or dissociation; different ways of relating to others.

- **Client Records**

I am required to keep accurate client records by the IAYT Code of Ethics. Your file will contain your intake form including your name and contact information, as well as information that is relevant to supporting the continuity of our work together, including information you share during our sessions and what happens in each session. Your file is kept in a locked filing cabinet. Access to your records by third-parties will only happen with your written consent with the exception of if I am subpoenaed by a court of law to release your file. I will keep your file for approximately 7 years, at which point your file may be destroyed.

- **Confidentiality**

All the information you share will be kept private, with certain exceptions: when disclosure is required to prevent clear and imminent danger to you or identifiable others; when legal requirements demand that confidential material be revealed; when a child is in need of

protection. If I see you outside of the context of our sessions, I will respect your privacy by not revealing you are a client.

- **Your Rights and Responsibilities**

You have the right to withdrawal from yoga therapy at any point. You have the right to access your records. You have a right to request a copy of your file for a fee of \$30. You are responsible for informing Shivani of any physical injuries or medical conditions that would prevent you from moving into certain postures or sitting on the floor comfortably. You are responsible for informing Shivani of any mental health diagnosis you have received so that she may be well informed when working with you.

- **Fees and Cancellation Policy**

Initial (one-time) 30-minute consultations are free of charge. Follow-up sessions are 60 minutes and are \$110 (\$115.50 including GST). Packages of four follow-up sessions are available for \$420 (\$441 including GST). You will be required to pay in person at the end of your session either by cash or credit card. Yoga Therapy is not yet covered under extended medical in BC; however, some clients have been able to claim sessions under disability, or extended medical plans that offer additional coverage for stress reduction or wellbeing.

Rescheduling or cancelling an appointment within 24 hours of the appointment time, or no-shows, will result in either a 100% cancellation fee (\$115.50) or the loss of a session in a pre-purchased package, with the exception of emergencies.

Client name _____

Client Signature _____

Shivani Wells (signature) _____

Date _____