



**SHIVANI WELLS**  
EMBODIED MINDFULNESS THERAPY

Shivani Wells *Phoenix Rising Yoga Therapist*  
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### Intake and Assessment

Date \_\_\_\_\_

Welcome to your first session. Please complete this confidential form to the best of your ability as this information may be helpful in our work together.

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Can I leave a voicemail, text, or email? \_\_\_\_\_

Check here if you would prefer NOT to be added to my newsletter.

Gender \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Occupation \_\_\_\_\_ Education Level \_\_\_\_\_

Emergency contact (Name & Relationship) \_\_\_\_\_

Emergency contact (Phone) \_\_\_\_\_

How did you hear about my private practice? \_\_\_\_\_

What are your main concerns that you'd like to address?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has this been an issue for you? What might have caused these problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the goals or changes you hope to experience from our work together?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Types and approximate dates of other mental health and wellness treatments:

(ex: Psychotherapy/Counselling, Massage, Acupuncture, Reiki, Cranial Sacral, etc)

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How would you rate your current physical health? (please circle)

Poor    Unsatisfactory    Satisfactory    Good    Very good

Please list any specific health problems you are currently experiencing:

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How would you rate your current sleeping habits? (Please circle)

Poor    Unsatisfactory    Satisfactory    Good    Very good

How many times per week do you generally exercise? Types of exercise:

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Are you concerned about your use of substances including alcohol or other drugs?

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How often do you use recreational drugs or alcohol?

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Have you ever attended a treatment program for substance abuse, disordered eating, or other mental health concern?

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It is helpful for me to know if you are taking any medications specifically for mental health concerns (ex: depression, anxiety, insomnia) or for substance abuse management (ex: suboxone, methadone). Please list medications you are presently taking and for what reason:

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Have you ever experienced suicidal thoughts? \_\_\_\_\_

Have you ever engaged in self-harming behaviours? \_\_\_\_\_

Do you have thoughts or urges to harm others? \_\_\_\_\_

Is there a history of mental illness in your family?  
\_\_\_\_\_  
\_\_\_\_\_

Is there a history of substance abuse or addiction in your family?  
\_\_\_\_\_  
\_\_\_\_\_

Did you experience challenges in your family of origin while growing up? Please describe only what you are comfortable sharing.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a religious or spiritual practice? \_\_\_\_\_  
What/who are your sources of emotional support?  
\_\_\_\_\_  
\_\_\_\_\_

Anything else you want me to know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 clinical counsellor intern while completing her Masters of Arts in Counselling Psychology. She is a Certified Yoga Therapist and has been in private practice since 2008. Shivani also teaches public yoga and meditation classes in Vancouver.

- **Shivani's approach**

Shivani's approach integrates embodied mindfulness (body awareness), self-regulation skills, person-centered talk therapy, empathetic dialogue, gentle movement, supported postures, and Somatic Experiencing techniques. Sessions may include touch only when deemed appropriate and beneficially by both the client and Shivani.

- **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 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 or court ordered 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 that you are working with me as a client.

- **Your Rights and Responsibilities**

You have the right to withdrawal from therapy at any point. 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**

Individual 60-minute sessions are \$120 including GST. Packages of four 60-minute sessions are \$470 including GST. You will be required to pay in person at the end of your session either by cash, credit card, or e-transfer. Some clients have been able to claim sessions under disability, or extended medical plans that offer additional coverage for stress management, etc.

Rescheduling or cancelling an appointment with less than 24 hours before a scheduled appointment time will result in either a 100% cancellation fee (\$120) or the loss of a session in a pre-purchased package, with rare exceptions due to emergencies.

- **Contacting Me**

Please keep in mind that email, text, and phone messaging are not secure and pose a risk of compromising your confidentiality if the messages contain sensitive information.

I prefer email or text messages for administrative issues; however, I prefer that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. In the case of a crisis or emergency, please call the crisis line (604-872-3311) or go to the nearest hospital emergency room.

If you choose to communicate therapeutic issues with me by email or phone messages, any communication I receive from you as well as my response become part of your legal client records.

Also note, in order to maintain the boundaries of our therapeutic relationship, protect your confidentiality and our respective privacy, I do not follow or accept friend requests from my clients on my personal Facebook or Instagram pages. You are welcome to follow my professional Instagram page @embodiedmindfulness

Client name \_\_\_\_\_

Client Signature \_\_\_\_\_

Shivani Wells (signature) \_\_\_\_\_

Date \_\_\_\_\_