



SHIVANI WELLS
EMBODIED MINDFULNESS THERAPY

Shivani Wells *Phoenix Rising Yoga Therapist*
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Intake and Assessment

Date _____

Welcome to your first Yoga Therapy 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 in therapy?

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?

What do you typically do to cope with stressful situations and emotions.

What do you see as your strengths? What's going well for you?

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

(ex: Psychotherapy/Counselling, Massage, Naturopath, Acupuncture, etc)

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

Poor Unsatisfactory Satisfactory Good Very good

Please list any health concerns you are currently experiencing, such as chronic pain or illnesses

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?

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

How often do you use alcohol and/or recreational drugs, and what types?

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

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:

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? If so, who and type of condition.

Is there a history of addiction in your family? If so, who and type of addiction.

Do you have any siblings? If so, how is your relationship with them?

Have you experienced any significantly challenging, overwhelming, or traumatic events at any point in your life, such as accidents, surgeries, abuse, assault, family dysfunction or any challenges in your family of origin while growing up? *Listing in point form is ok. Please describe only what you are comfortable sharing at this point.*

Do you have a religious faith or spiritual practice/beliefs?

What/who are your sources of emotional support?

Informed Consent Form

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

She is a Certified Yoga Therapist and has been in private practice since 2008. She is certified through the International Association of Yoga Therapists (IAYT.org). Shivani is also a clinical counsellor intern while completing her Masters of Arts in Counselling Psychology and teaches public yoga and meditation classes in Vancouver. In the Fall of 2019, my work will be transitioning from Yoga Therapy to Clinical Counselling once I am registered with the BC Association of Clinical Counsellors.

- **Shivani's approach**

Shivani is trained in Phoenix Rising Yoga Therapy, an approach that supports clients explore their experience through embodied mindfulness (body awareness), person-centered empathetic dialogue, gentle movement and supported postures. Shivani is trained at the Intermediate Level of Somatic Experiencing, and integrates this approach into her work along with Brainspotting techniques, self-regulation skills, and breathing skills. Shivani has attended a number of trainings in trauma-informed care, and has trained in suicide intervention skills, and racial justice. Sessions may include touch, but only when deemed appropriate and beneficial by both the client and Shivani after a safe and trusting relationship has been developed.

- **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. Since I am also a public yoga and meditation teacher, I discuss this possible dual-relationship with my clients. If I see you outside of the context of our sessions, including at the yoga studio, 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.

*Please note that my fee is increasing in the Fall of 2019 to \$140 + GST.

Rescheduling or cancelling an appointment with less than 24 hours before a scheduled appointment time will result in either a 100% cancellation fee 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), call 911, 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 _____