



**LOTUS
RISING**
Yoga Therapy
Trauma Sensitive Yoga

Client Intake Form

Thank you for choosing Lotus Rising Yoga Therapy. We are dedicated to providing a safe and empowering place for you to heal, connect, and transform. Please help us get to know you by answering the following questions.

Date:

PERSONAL DEMOGRAPHICS		
Name (Last, First) :	DOB:	Age:
Street Address:	Home Phone:	
City, State, Zip:	Cell/Work Phone:	
Race: <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Employer:	Job Title:	
Occupation:		

Briefly describe the trauma experience that brings you to Lotus Rising? When did this happen?

What would you hope to gain from attending Lotus Rising Women’s group?

How did you find out about Lotus Rising?


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Mental Health History

Describe any past and current Mental Health Diagnoses and/or Problems:

Past:

Current:

Are you currently seeing a psychologist, psychiatrist or counselor? If yes, please provide name and phone number. Note: to provide the best experience possible for you, we may need to speak with your current provider. *Please complete the Release of Information form.*

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.			
2.			
3.			
4.			

Have you experienced suicidal thoughts or attempted suicide? If so, please provide details, including most recent thoughts and/or attempt(s):

Have you ever experienced hospitalizations related to mental health issues? If yes, please explain (dates, reason for hospitalization, name of facility, length of stay):

List other services you are receiving (mental health therapy, physical therapy, MD/ND, acupuncture, etc.)

Describe your current emotional support system.



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Substance History

Describe any past and current substance abuse (alcohol, drugs: prescription or street):

Have you ever participated in substance abuse treatment? If so, where and when?

Physical Health

Describe any past and current physical concerns that will affect your activity in this program.

Medications

Please list any prescription or over the counter medications that you are taking for mental health reasons.

Name of Medication | Reason for Taking it | Date Started | Frequency/Strength | Has it been helpful

- 1.
- 2.
- 3.
- 4.
- 5.


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Yoga Experience

Do you have any previous yoga experience? Have you ever participated in yoga classes? If so, for how long and how often?

Is there anything else you would like Lotus Rising to know about you that we did not ask?

Confidentiality

All information between counselor and client is held in strict confidence by the counselor and yoga therapist. There are specific and limited exceptions to this confidentiality which includes the following:

- 1. The client authorizes release of information, by signature, as specified on the Release of Information Form;**
- 2. Where there is a clear threat to do serious bodily harm to yourself or others;**
- 3. Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult or a person with developmental disabilities;**
- 4. In response to a subpoena that is associated with a regulatory complaint or in response to a subpoena from a court of competent jurisdiction;**
- 5. If you are in treatment with Mandy Jordan or Angel Brownlee, you provide consent for them to discuss relevant information that may have been obtained in individual sessions if it is important for your progress in group therapy.**

Client Signature:

Date:

Informed Consent For Treatment

I provide consent to be treated by Mandy Jordan, Ph.D., and Angel Brownlee. I understand that the course of yoga therapy is designed to be helpful, it may, at times, be difficult and uncomfortable.

Client Signature:

Date:



Closed Yoga Therapy Group Contract

- ❖ Respectful and strict confidentiality is expected of all group members. All observed or communicated information, whether obtained formally or informally, is to be considered completely confidential – even if it seems public or unrelated to the group. Names of group members are also confidential.
- ❖ Boundaries must be respected. Members are expected to receive permission before touching another participant.
- ❖ Because this is a therapy group, it is important that communication between group members remain therapeutic, thus occurring only within the group context. For example, no socializing outside of group or connecting on social media.
- ❖ Attendance is expected and essential to the group process. Please notify Mandy and/or Angel if you are unable to attend a group session.
- ❖ Suicidal ideation or intent should be directed to Mandy and Angel. Not towards other group members.
- ❖ Payment options include: (1) paying in full before the first session or (2) paying with auto draft at the time of each session. There are no refunds for missed sessions.

I have read the above guidelines and agree to abide by them.

Client Signature _____ Date _____

Therapist Signature _____ Date _____



Waiver Form

SECTION I: PERSONAL INFORMATION

*Name: _____
*Address: _____ *City: _____ *State _____ *Zip: _____
Primary Phone: _____ (Cell preferred) *E-mail: _____
*Emergency Contact Name: _____ *Emergency Contact Phone: _____

(* denotes required fields)

SECTION II: RISK ASSESSMENT

Heart Disease	YES NO	
Shortness of Breath or Chest Pain	YES NO	Inhaler? YES NO (if "yes", please bring it to every class)
High Blood Pressure	YES NO	Levels: _____
High Cholesterol Level	YES NO	
Significant Bone/Joint/Muscle Pain	YES NO	Location: _____
Back Pain	YES NO	
Cigarette Smoking	YES NO	Levels: _____
Abnormal Resting EKG	YES NO	
Diabetes	YES NO	Insulin Dependent? YES NO

Any other? Please explain: _____

Are you active? YES NO
Activity or Exercise: _____
Times per week: _____
Minutes per session: _____

Are you currently taking any medication(s)? YES NO Type: _____

SECTION III: AGREEMENT

1. In consideration of participating the "Activity", I agree and acknowledge that I am fully aware that participation in the Activity involve risks and I accept all the risks of participating, even if the risks are created by the carelessness, negligence or gross negligence of a Released Party (as defined below) or anyone else.
2. "Claims" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the Activity. "Released Party" means **Temple Road Yoga** or any of its affiliates, franchisees and their respective representatives, directors, officers, agents, employees or volunteer staff.
3. I agree and acknowledge that:
 - a. I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death.
 - b. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.
 - c. I am aware that there is no obligation for any person to provide me with medical care during the Activity. I understand and acknowledge that:
 - d. if medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.

e. I am aware that it is advisable to consult a physician prior to participating in the Activity. If I have consulted a physician, I have taken the physician's advice.

4. I grant my permission to the Released Party and any transferee or licensee or any of them, to utilize any photographs, motion pictures, videotapes, recordings and other references or records of the Activity which may depict, record or refer to me for any purpose ("Likeness"), including commercial use by the released parties, their sponsors and their licensees. This permission is for use anywhere in the world and on the Internet and for an unlimited period of time. I understand and agree that I will not be compensated or receive additional consideration for consenting to the use of my Likeness and that I will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content that may use my Likeness.

5. No warranties or representations have been made to me about the Activity which are not stated on this form. I understand and intend that this document act as the broadest and most inclusive assumption of risk, waiver, release of liability, agreement not to sue and indemnity.

6. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

7. I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against the Released Party.

8. I hereby acknowledge that I may be required to use an automobile to travel to and from the Activity or as part of the Activity. I hereby acknowledge that I have the authority to use such automobile and that the automobile is fully insured for use in the Activity. I accept full responsibility for the automobile and that use of the automobile in the Activity will be at my own risk.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

Signature

Date