***Leigh Sloss Yoga Therapy***

***Client Intake Form***

*Welcome! I look forward to partnering with you in the yoga therapy process. In order to make sure that our work together addresses your needs and goals, please complete this form as honestly and completely as possible.*

**General Information:**

Name:                     Date of Birth:

Phone:                        Email:

Are you comfortable receiving follow-up information from the session via email? (If not, we can follow up verbally or on paper.)  (Y/N)

What would you like to accomplish as a result of yoga therapy?

What self-care practices do you already find helpful?

Please list any medical diagnoses, conditions, or concerns (pregnancy, injury, illness, etc.) that may influence your yoga practice:

Please list any medications:

Rate your current level of concern about each of the following areas:

(0 = None, 1 = Minimal, 5 = Moderate, 10 = Extreme)

|  |  |  |
| --- | --- | --- |
| \_\_\_ Personal relationships | \_\_\_ Depression | \_\_\_ Headaches |
| \_\_\_ Physical health | \_\_\_ Mood swings | \_\_\_ Pain |
| \_\_\_ Mental/emotional health | \_\_\_ Anger issues | \_\_\_ Fatigue |
| \_\_\_ Finances | \_\_\_ Anxiety | \_\_\_ Lethargy |
| \_\_\_ Eating issues | \_\_\_ Panic attacks | \_\_\_ Hormonal issues |
| \_\_\_ Addiction | \_\_\_ Emotional trauma/PTSD | \_\_\_ Sleep issues |
| \_\_\_ Creative challenges/blocks | \_\_\_  Difficulty making decisions | \_\_\_ Digestive issues |
| \_\_\_ Other:    What else would you like me to know before our session? | | |

***Release and Liability Waiver :***

Yoga is more than physical exercise. It is a transformative practice that integrates body, mind and emotional experiences to arrive at deeper levels of relaxation and awareness. All exercise programs may involve a risk of injury. By choosing to participate in yoga therapy, you voluntarily assume a certain risk of injury.

*Please read below and sign if you agree:*

Awareness is fundamental to the practice of yoga. By participating in yoga therapy, I affirm that I am responsible for my health and well-being, as well as my decision to practice yoga, a program that includes physical exercise. I agree to inform my yoga therapist, Leigh Sloss, of any activities or movements that I feel could cause injury. Leigh Sloss shall not be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in this program. I agree to listen to my body, monitor myself, and communicate about my needs and comfort level during every session.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Rate and Payment Agreement***

**Hourly Rate:  $75.00 per session**

**Package of 4 sessions: $275**

**45 minute sessions $45 each or $160 for a package of 4**

**Payment can be made by check payable to *Leigh Sloss Yoga Therapy* or Venmo to: @Leigh-Sloss**