

**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		
<b>Name (Last, First) :</b>	<b>DOB:</b>	<b>Age:</b>
<b>Street Address:</b>	<b>Home Phone:</b>	
<b>City, State, Zip:</b>	<b>Cell/Work Phone:</b>	
<b>Race:</b> <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:		
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Employer:</b>	<b>Job Title:</b>	
<b>Occupation:</b>		

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?

  
**LOTUS  
RISING**  
Yoga Therapy  
Trauma Sensitive Yoga

**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.

The logo features a stylized purple lotus flower with green leaves inside a green circle, positioned between the letters 'O' and 'T' of the word 'LOTUS'. Below 'LOTUS' is the word 'RISING' in a purple serif font. Underneath 'RISING' is a green rectangular box containing the words 'Yoga Therapy' in white sans-serif font. At the bottom of the logo is the text 'Trauma Sensitive Yoga' in a purple serif font.

**LOTUS  
RISING**  
Yoga Therapy  
Trauma Sensitive Yoga

**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.

  
**LOTUS  
RISING**  
Yoga Therapy  
Trauma Sensitive Yoga

**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 \_\_\_\_\_

# Yoga Waiver & Release

*Compassion Yoga - Nancy Turner, 200 Hr. RYT*

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension.

Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Nancy Turner, 200 Hr. RYT.

(Continued on other side & signature)

# Yoga Waiver & Release

*Compassion Yoga - Nancy Turner, 200 Hr. RYT*

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Nancy Turner, 200 Hr. RYT, from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Nancy Turner, 200 Hr. RYT; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

My signature is binding to this liability waiver from this day forth.

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