



Phoenix Rising Yoga Therapy Session Consent and Release Agreement



In consideration of receiving services rendered by Bev Johnson, Phoenix Rising Yoga Therapy Practitioner, I hereby declare as follows:

That my true and legal name is signed below and not otherwise.

That Bev Johnson has informed me, and I am aware, that she is not licensed under laws of this state to practice any form of medicine.

That she has stated she will neither diagnose nor prescribe for any condition or problem from which I may appear to be suffering.

That I understand the said individual practices Phoenix Rising Yoga Therapy (PRYT), a holistic healing art combining the ancient science of yoga with elements of contemporary body/mind psychology. I understand a PRYT session may include touch, assisted yoga postures, and client-centered dialogue. I understand a PRYT session is not a substitute for medical treatment.

That the said individual has informed me and I understand that no guarantee or promises of cures have or will be made to me and that any benefits which I experience come from within my own awareness and self-knowledge.

That I am 21 years of age or older or have the signature below of my Legal Guardian.

Signature _____ Date _____

Name (Please Print) _____

Address _____

City, State, Zip _____

Phone (h) _____ (c) _____

eMail address _____

Emergency contact name: _____ Ph# (cell) _____

It's ok to contact me via email

If under 21 years of age, Legal Guardian's Signature:

_____ Date _____



Phoenix Rising Yoga Therapy Client Intake Form



Today's date: _____

Name _____ Age _____ Ht. _____ Wt. _____

Birth date: _____ Current Occupation _____

Preferred gender pronouns: _____

1. Please list the type of any body work modalities you have received (ie: massage, acupuncture, etc...) Have you tried Yoga and/or Meditation? What has been your experience with these? Was your experience in the recent or distant past?:

2. Current exercise program and how it is or is not working for you:

3. How does Faith, Religion, and/or Spirituality show up in your life, if at all? What kind of words do you use to refer to this?:

4. Briefly outline your personal support system as it looks today (i.e., family, friends, health care providers, groups):

5. What do you hope to receive from Phoenix Rising Yoga Therapy? What is that you're working with in your life that inspires you to seek out this mind-body modality?

6. Is there anything else you'd like me to know before we start our work?

7. How did you hear about Phoenix Rising Yoga Therapy and about my practice in particular? _____

NOTE: The information requested in the following two sections is optional. If you choose to provide it, it will help me to work more safely and effectively with you.

8. Are you taking any prescription or non-prescription medication? For what reason?

9. List any history of surgeries, major illness, chronic conditions, accidents, injuries, or anything that I should be aware of when working with your body.

_____ Date _____

_____ Date _____

_____ Date _____

10. Please check any condition which applies to you. Feel free to elaborate next to it.

_____ Addiction Recovery: Length of time (days, months, years) in recovery: _____

_____ AIDS

_____ Arthritis: Locations in body: _____

_____ Asthma

_____ Bulging or herniated disc: What disc(s)? _____

_____ Chronic Fatigue Syndrome

_____ Contact lenses (check only if you are wearing them now)

_____ Degenerative disc disease: What disc(s)? _____

_____ Depression: Do you take medication? _____

_____ Eating disorder

_____ Emphysema or other breathing problem

_____ Fibromyalgia

_____ Fatigue

_____ Fused vertebrae: What disc(s)? _____

_____ Heart condition

_____ Hernia

_____ High blood pressure: Do you take medication? _____

_____ Hepatitis: Type _____

_____ History of physical, sexual, and/or emotional abuse

_____ Low blood pressure

_____ Menopause

_____ Multiple sclerosis

_____ Osteoporosis

_____ Pregnancy: How many months? _____

_____ Trauma. Expand as needed: _____

This section is for any condition for which you have been treated in the past two years

Health Care Provider	Dates of Treatment (approx)	Condition
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Allopathic Physician
(conventional MD – treats ailments and injuries, rather than preventive or alternative)

Psychotherapist

Chiropractor

Psychiatrist

Homeopathic or
Naturopathic Physician

Other (please list)
