

**PHOENIX RISING YOGA THERAPY
CLIENT HISTORY FORM**

Today's date: _____

Name _____ Age _____ Ht. _____ Wt. _____

Address _____

Phone (Home) _____ (Work) _____

Current Occupation _____

1. Please list the type and approximate date(s) of any other body work modalities you have received (i.e. massage, shiatsu, acupuncture):

2. Current exercise program: _____

3. Experience in yoga and/or meditation: _____

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

5. What do you hope to receive from Phoenix Rising Yoga Therapy? _____

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? _____

8. How did you hear about my practice in particular? _____

NOTE: The information requested on the following two pages, if you choose to provide it, will help me to work more effectively with you.

Please fill in the following section 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

Psychotherapist

Chiropractor

Psychiatrist

Homeopathic or
Naturopathic Physician

Other (please list)

9. Please list below any prescription or non-prescription medication you're taking:

10. Please list any history of surgeries, major illness, chronic conditions, accidents, injuries, or anything that might be relevant to doing Phoenix Rising Yoga Therapy which were not listed on the previous page:

Date _____

Date _____

Date _____

11. Please check any condition which applies to you:

- _____ Addiction Recovery: Length of time (days, months, years) in recovery: _____
- _____ AIDS
- _____ Arthritis
- _____ Asthma
- _____ Bulging or herniated disc
- _____ Chronic Fatigue Syndrome
- _____ Contact lenses (check only if you are wearing them now)
- _____ Degenerative disc disease
- _____ Depression
- _____ Eating disorder
- _____ Emphysema or other breathing problem
- _____ Fibromyalgia
- _____ Fatigue
- _____ Fused vertebrae
- _____ 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? _____

EXCHANGE SESSION REPORT/EVALUATION

Client/Receiver: Write a brief evaluation of your session. **Please be specific**, providing examples of what worked and what didn't, and noting any questions you have for the practitioner/giver.

PRELIMINARIES:

CENTERING:

BODY SCAN (if used):

ASSISTED POSTURE TECHNIQUE:

DIALOGUE (WHN, TMM, FIB, silence):

INTEGRATION:

(over)

Practitioner/Giver: Write a brief narrative of the session. Include a section on what you have learned from the feedback you received.

Date of session: _____

Client's signature _____

Practitioner's signature _____

PRACTICE SESSION CONSENT AND RELEASE AGREEMENT

In consideration of receiving services rendered by _____, I hereby declare as follows: [student's name]

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

That _____ has informed me, and I am aware, that s/he is a [student's name] student in the final phase of her/his Phoenix Rising Yoga Therapy Certification Training and that s/he is receiving supervision of her/his practice sessions. That supervision includes submission of written reports of these practice sessions. I have been informed that it is my right to request use of my initials or a pseudonym in that report.

That _____ has informed me, and I am aware, that s/he is not [student's name] licensed under laws of this state to practice any form of medicine.

That s/he has stated s/he 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 includes 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.

DATE _____

SIGNATURE _____

NAME (Please Print) _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

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

SESSION CONSENT AND RELEASE AGREEMENT

In consideration of receiving services rendered by _____, I hereby declare as follows: [practitioner's name]

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

That _____ has informed me, and I am aware, that s/he is not [practitioner's name] licensed under laws of this state to practice any form of medicine.

That s/he has stated s/he 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 includes 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.

DATE _____

SIGNATURE _____

NAME (Please Print) _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

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

**CONSENT AND RELEASE AGREEMENT
FOR AUDIO TAPING PRACTICE SESSIONS**

I, _____ hereby give _____
[client's name] [student's name]
permission to audio tape any Phoenix Rising Yoga Therapy sessions I receive from him/her.

I understand _____ is in the final stage of his/her
[student's name]
Phoenix Rising Yoga Therapy Certification Program and that any audio tapes made will be used solely for training purposes.

I understand _____ will be the only person who will listen to
[student's name]
said audio tape(s) and that he/she will use the tape(s) to write a report of our session(s). I further understand that reports of sessions may be read and supervised by members of the Phoenix Rising Yoga Therapy staff.

_____ I hereby give _____ permission to use my real name
[student's name]
in any written materials relating to our sessions.

_____ I request that _____ use a pseudonym in any written
[student's name]
materials relating to our sessions.

I reserve the right to revoke consent at any time by notification to _____
[student's name]
within 24 hours of a session.

Unless otherwise revoked, this Consent and Agreement will remain in effect for six months from the date of signing.

DATE _____

SIGNATURE _____

NAME (Please Print) _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

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

**CONSENT AND RELEASE AGREEMENT
FOR VIDEO TAPING A PRACTICE SESSION**

I, _____ hereby give _____
[client's name] [student's name]
permission to video tape the Phoenix Rising Yoga Therapy session I receive from him/her on _____
_____.
[date of session]

I understand _____ is in the final stage of his/her Phoenix Rising
[student's name]
Yoga Therapy Certification Program and that any video tape made will be used solely for training
purposes.

I understand this video tape will be viewed only by _____ and
[student's name]
members of the Phoenix Rising Yoga Therapy staff.

I reserve the right to revoke consent to use this video tape by notification to
_____ within 48 hours of our session.
[student's name]

DATE _____

SIGNATURE _____

NAME (Please Print) _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

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

DATE:

Dear

This letter is to confirm that I am expecting you for a Phoenix Rising Yoga Therapy practice session on:

DAY/DATE:

TIME:

CANCELLATIONS/LATE ARRIVAL: Please contact me as soon as possible if you need to reschedule. As a practitioner-in-training, these practice sessions are an important part of my student work, and I am working with deadlines that may be affected by changes to already scheduled sessions.

Along with this confirmation I have enclosed an article about Phoenix Rising Yoga Therapy for your review. You may find it helpful as further explanation of some of the elements of this work such as client-centeredness, "the edge", reflective dialogue and witnessing.

Also enclosed you will find a copy of the Consent and Release form which I will ask you to sign at the start of our appointment. When you read it over, you should find that it provides further clarity about what this work is...and is not.

When you come for the session, please wear loose, comfortable clothing you can easily move and stretch in. Sweat pants or leggings and a t-shirt or light sweater may be most comfortable. It's best to come on an empty stomach, but if you need something to carry you over, try a light snack such as fruit or yogurt.

Your feedback is important to me as a practitioner-in-training, so I will be asking you to fill out an evaluation after the session. I am also required to write in-depth reports of my work on a regular basis. If I will be using our session for one of these reports I will request your permission before doing so.

I look forward to working with you. Please do not hesitate to call me before you come if you have any questions or concerns.

Respectfully,

Phoenix Rising Yoga Therapy Certification Student

DIRECTIONS/PHONE: