

Leigh Sloss Yoga Therapy, LLC ***Client Intake Form***

Welcome! I look forward to partnering with you or your child 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. Know that our sessions will be kept confidential.

Yoga Therapy is designed to help you or your child learn more about yourself – your body, your breath, your emotions, your mind, and how each of these interact. Helping clients feel safe and at ease is my first priority. Most sessions begin with a brief checking in/discussion, centering activity, breathing practice, yoga poses, and guided relaxation. Sessions with children are designed to be fun and engaging – games, books, music, and other creative activities are incorporated. No prior knowledge of yoga is necessary.

For our session, please wear comfortable clothing, bring a small notebook or journal, and a yoga mat is useful but not required.

Name of Child:

Date of Birth:

Name of Parent(s):

Address:

Phone:

Email:

Are you comfortable receiving follow-up information from the session via email or short videos sent to your phone? (Yes/No)

Briefly describe your child:

How do you think your child might benefit from yoga therapy?

What types of situations/experiences trigger stress for your child?

What does your child do for fun and relaxation? When is your child most at ease?

Please mention any health or medical condition that you believe may be helpful for me to know and any precautions that should be taken to help ensure your well-being.

Please list any medications/supplements:

Is there anything else you would like me to know?

Leigh Sloss Yoga Therapy, LLC

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:

I give consent for my child _____ (full name) to participate in Yoga Therapy sessions with Leigh Sloss. _____ (initial)

I understand that Yoga Therapy incorporates both cognitive and physical approaches and that there is always an inherent risk when participating in physical activities. I agree to let the therapist know of any physical limitations my child might have. _____ (initial).

I hereby release, Leigh Sloss, Yoga Therapist, from responsibility for any injuries, loss or damage to property and/or persons sustained during or as a result of participation in this program. _____ (initial)

I give Leigh Sloss permission to adjust my child in yoga poses for the purpose of teaching him/her proper breathing and movement mechanics: Yes/No _____ (initial)

Parent Signature (if Minor) _____ Date: _____

Print Name: _____

Rate and Payment Agreement

Hourly Rate (in your home): \$65.00 per session

Package of 4 sessions: \$250

30 minute sessions \$50 each or \$180 for a package of 4

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

