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Thank you for choosing Lux Therapy Center, Tierney Farry LLC. I am committed to creating a comfortable and relaxing atmosphere that supports your health and healing. I look forward to working with you!

Name: _____

Birth Date: _____ Age: _____

Current or previous employment: _____

Phone number(s): _____

Email: _____

Home address: _____

Emergency contact name/number: _____

Referred by: _____

If you found me on-line please check how:

Google Search Lux Therapy Center website
 IAYT Website DaoCloud Other _____

Physician: _____

Do you have any former experience practicing yoga? If so, what style(s) (vinyasa, yin, hatha, restorative, etc)?

What other physical exercise do you do (how many times per week / for how long)?

Please list other medical or complementary/integrative services you are receiving (i.e. psychotherapy, physical therapy, MD, ND, acupuncture, etc.):

If using traditional medical treatment, what is your frequency/dosage of prescription of pain medication?

Please briefly describe what you are currently experiencing, including onset/diagnosis:

1. Do you have any of the following? (Check Y or N)

High blood pressure _____ Glaucoma _____ Herniation of any vertebrae _____
Sciatica _____ Asthma _____ Diabetes _____ Anxiety _____ Depression _____
Experience with Trauma _____

Do you have concerns about being touched or manually adjusted? If so, what are they?

For the following set of questions, please say as much or as little as you would like. Feel free to use the back of this paper as necessary.

How would you describe your social life? How has it changed as a result of your condition? What changes, if any, would you like to make in this area?

How would you describe your general emotional state?

What are your central religious/spiritual beliefs and practices, both current and past (if any)?

Have you have experienced suicidal thoughts or attempted suicide? If so, please provide some details.

What do you hope to gain from yoga therapy? What do you most hope to have addressed?

Fee Scale and Agreement

The following is a fee agreement. Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:

1. I agree to pay all fees at the beginning of our session. The fee per session is _____ (initial)
2. **Cancellation policy:** There will be no charge if appointments are cancelled 24 hours in advance. Cancellations with 24 hours of the scheduled time will be charged the full fee. _____ (initial)
3. Tierney Farry LLC does not bill insurance companies in any circumstances. The only document provided is a receipt with specific codes if applicable. Clients have been successful in receiving reimbursement from their insurance companies in the past. _____ (initial)

**I have read the above agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements.
(Please let me know if you would like a copy of this document for your records.)**

Signature

Date

Communication and Confidentiality

Some clients choose to use email, texting and social media as a way of communicating with me. I prefer that clients do not use social media as a form of communication, and if I am contacted through these forms I will direct our conversation to the phone or personal email. I want you to know that any of these forms of communication may be putting you at risk of confidentiality breaches. I encourage any depth of information NOT be shared through these forms of communication and saved for our sessions together. Some clients prefer to use text messages and emails primarily for schedule changes. I can assure you that voicemails and what we say in person or over the phone is confidential, but I cannot guarantee this with other forms of communication.

Please initial which form of communication you prefer.

____ I am aware of the risks of text messaging and email, and I want to use these forms of communication with my therapist.

____ I only want to be contacted via phone. This does not include text messaging.

The following is a release and liability waiver. Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:

1. I understand that Yoga Therapy incorporates both cognitive and physical approaches, and that there is an inherent risk when participating in physical activities. I agree to let the therapist know of any physical limitations I might have, or any physical activities I do not wish to participate in. _____ (initial)
2. I hereby release Tierney Farry, LLC., responsibility for any injuries I may sustain as a result of participation in this program. _____(initial)

I have read the above waiver and agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements.

Signature Date

I have received a Disclosure Statement. _____
Initials

I have been given the Notice of Privacy Protection _____
Initials