

*Health & Wellness for your  
Mind, Body, & Spirit*

**OM TURTLE YOGA INTAKE PACKET**

Trinity Wellness, LLC  
6365 Clayton Rd. Clayton, MO 63117  
(314) 569-9990 office cell  
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Karen D. Banks, M.Ed., LPC, Owner

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[www.twitter.com/TrinityWellSTL](https://www.twitter.com/TrinityWellSTL)  
[www.facebook.com/TrinityWellnessSTL](https://www.facebook.com/TrinityWellnessSTL)

**Helpful tip: Print the full packet 2-sided, black and white to conserve paper and ink!**

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**C O U N S E L I N G I N T A K E F O R M**

**This information is confidential. PLEASE PRINT LEGIBLY!**

**Demographic Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship Status: \_\_\_\_\_

Age: \_\_\_\_\_ Circle one: CHILD / TEEN / ADULT

# of Dependents: \_\_\_\_\_ Gender identity: M / F / \_\_\_\_\_  
Preferred pronoun: \_\_\_\_\_

Home/Mobile Phone: \_\_\_\_\_ Is it ok to leave a message for you at this number? Y / N

Work Phone: \_\_\_\_\_ Is it ok to text you at the mobile number? Y / N

Email: \_\_\_\_\_ Is it ok to leave a message for you at work? Y / N

Mailing Address: \_\_\_\_\_ Is it ok to email you? Y / N

Current Occupation/Title: \_\_\_\_\_ Current Status: (F/T, P/T, self-employed, student, etc...): \_\_\_\_\_

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

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

~~How were you referred?:~~ \_\_\_\_\_ Om Turtle Yoga

Are you currently seeing a counselor or mental health professional? If so, please list their contact information: \_\_\_\_\_

If we may contact your current provider for information which may help us better serve you, please sign here: \_\_\_\_\_

Have you ever been hospitalized for mental illness? \_\_\_\_\_ If so, list dates and reasons: \_\_\_\_\_

Are you currently or have you ever been suicidal? Please list dates as best as possible: \_\_\_\_\_

Do you currently practice a religion or consider yourself spiritual? Which religion? \_\_\_\_\_

Current Concerns: (Please list dates of when concern began.) \_\_\_\_\_

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Please describe significant events occurring at that time, or since then, which may relate to the development or maintenance of this concern:

Are you having any difficulties/stressors in your current job/school? If so, please briefly describe those difficulties.

What do you hope to accomplish in counseling?

What kind of obstacles could get in the way?

Have you been in therapy before or received any prior professional assistance for your concerns? If so, please give dates of treatments and results:

**Behavior – circle any of the following behaviors that apply to you within the last 60 days:**

- |                  |                     |                   |                     |                            |
|------------------|---------------------|-------------------|---------------------|----------------------------|
| Overeat          | Suicidal attempts   | Can't keep a job  | Take drugs          | Compulsions                |
| Insomnia         | Vomiting            | Smoke             | Take too many risks | Odd behavior               |
| Withdrawal       | Lack of motivation  | Drink too much    | Nervous tics        | Eating problems            |
| Work too hard    | Procrastination     | Sleep disturbance | Crying              | Impulsive reactions        |
| Phobic avoidance | Outbursts of temper | Loss of control   | Aggressive behavior | Concentration difficulties |

Are there any specific behaviors, actions, habits that you would like to change?

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**Feelings – circle any of the following feelings that apply to you within the last 60 days:**

Angry	Guilty	Unhappy	Annoyed	Happy	Bored	Sad
Conflicted	Restless	Depressed	Regretful	Lonely	Anxious	Hopeless
Contented	Fearful	Hopeful	Excited	Panicky	Helpless	Optimistic
Energetic	Relaxed	Tense	Envious	Jealous	Others:	

**Physical – circle any of the following symptoms that apply to you within the last 60 days:**

Headaches	Stomach trouble	Skin problems	Dizziness	Tics
Dry mouth	Palpitations	Fatigue	Burning or itchy skin	Muscle spasms
Twitches	Chest pains	Tension	Back pain	Rapid heart beat
Sexual disturbances	Tremors	Unable to relax	Fainting spells	Blackouts
Bowel disturbances	Hear things	Excessive sweating	Tingling	Watery eyes
Visual disturbances	Numbness	Flushes	Hearing problems	Don't like being touched

**PLEASE DESCRIBE YOUR CURRENT EXPERIENCES WITH YOGA (list other forms of regular exercise):**

**Biological Factors:**

Do you have any current concerns about your physical health? Please specify:

Please list medicines you are currently taking, or have taken during the past 6 months (include any medicines that were prescribed or taken over the counter):

**Tell anything else in the space below that you think would be helpful for me, as your therapist, to know.**

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## **INFORMED CONSENT & INFORMATION FOR COUNSELING/COACHING SERVICES AT OM TURTLE YOGA**

Welcome to Trinity Wellness, LLC. I am looking forward to working with you as you begin this fresh start. It is important to me to co-create a counseling relationship that can help you make the changes you desire and need to make your life and relationships more fulfilling.

### **Mission Statement**

At Trinity Wellness, LLC, our mission is to help clients realize and manage the power they hold within themselves. We strive to help clients manage their mental, physical, and spiritual lives so they may live the full and balanced life they desire. We accomplish this mission by providing counseling, life coaching, and an array of comprehensive wellness services customized for each individual. Our clients **are not given advice** to follow, they are empowered and educated to become happy, healthy, and successful individuals.

### **What is counseling?**

Counseling is a mutual and collaborative process which means we work together to develop goals that will help you during this phase of your life. Counseling is about change. I am here to help facilitate any changes you desire to make but **only you can change yourself**. You are responsible for making the effort to work on the problems or issues that concern you. Additionally, counseling works best when we develop a good working relationship, based on mutual trust, honesty, and respect. There are alternative treatments to counseling or psychotherapy, including medication, self-help groups, and self-help guides/books. If you are experiencing any problems or difficulties relating to our sessions, or me, please feel free to communicate those concerns with me.

As your counselor, I consider it a privilege that you chose to share your life and growth with me. I will not hide behind silence or position and will have high regard for you as a person. I will bring the best that I know from my study and experience. I will bring you the highest of my insight, wisdom, and spiritual guidance. You can expect truth from me even when you may not want to hear it. I will always have compassion and empathy for you in all that we do. I value you as a person in need of care.

**Counseling at Om Turtle Yoga, may include some gentle restorative yoga. Karen Banks, is a registered yoga teacher (RYT 200) and will assist you to the best of her knowledge. This may include some hands-on assistance. Please initial here if you are comfortable with hands-on support: \_\_\_\_\_.**

### **Counseling Outcomes**

No one can guarantee that counseling will produce certain results. There are some risks associated with counseling. For example, you may discover things about yourself that are uncomfortable; sometimes relationships change as a result of counseling; if you are discussing a traumatic event with your counselor, sometimes the feelings get more intense. I am committed to using my professional skills to the best of my ability to address your concerns and help manage possible risks.

### **Confidentiality**

I maintain a standard policy of confidentiality. All services are guided by the code of ethics of the American Counseling Association and the laws of the state of Missouri.

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Information disclosed within our sessions is confidential and will not be revealed to anyone outside of Trinity Wellness, LLC without your written permission, except under several conditions:

- 1) If you threaten to harm or kill yourself or another person, I am legally and ethically required to take action to protect the safety of the threatened person. Possible actions could include informing the intended victim, arranging for your hospitalization, notifying family or support system, or alerting law enforcement.
- 2) If I know or suspect abuse or neglect of a child, an elder person or a disabled person, I am required to report my concerns to the Missouri Department of Social Services.
- 3) If I am ordered by a court order to testify or share records, I must do so. (This is different from a subpoena from an attorney requesting your records or information. I reply that I cannot comply without consent or court order.)
- 4) If you name me in a lawsuit.
- 5) In professional consultation/supervision groups. No identifying information will be disclosed.

**At no time during my yoga classes or around the studios, will I disclose you are seeing me for counseling. Studio owner and other staff will be able to see who has signed up for a session with me, however, they understand they are to respect your privacy. In case of an emergency, studio owner, Angie Carron, will be provided with this informed consent ONLY, nothing else from your sessions or intake packet.**

### **Client Responsibilities**

For counseling to be successful, the client must take responsibility for their sessions. Clients are expected to:

- Be on time for our meetings.
- **Dress in comfortable clothing as we will likely incorporate movement into your sessions.**
- Fully participate in our sessions including following through on any homework assigned for in between sessions.
- Be honest, open, and present during our sessions.
- Come to our sessions prepared.
- Pay the fee prior to the session.
- **Cancel sessions within the OTY policy as listed on MindBody.**

### **Release of Liability**

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education, and relief of muscular tension. Participation in yoga 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, nerves, and emotional feelings. 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 I will progress at my own

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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 the teacher and/or company/companies.

I acknowledge that participation in yoga exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release the teacher and/or company 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 the teacher and/or company; 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/signing in is binding to this liability waiver from this day forth.

**Payment and Insurance**

All payment and appointments must be booked through the MindBody app through Om Turtle Yoga. Health insurance is not accepted, however, a superbill may be provided upon request if you would like to seek reimbursement through out of network benefits.

**Emergencies**

If you are experiencing a mental health crisis, please contact me or the 24-hour behavioral health hotline, Behavioral Health Response, at (314)-469-6644. This hotline is in no way affiliated with Trinity Wellness, LLC.

Please sign here to indicate you (a) understand what counseling is, (b) what the limits of confidentiality include, and (c) what the client responsibilities are.

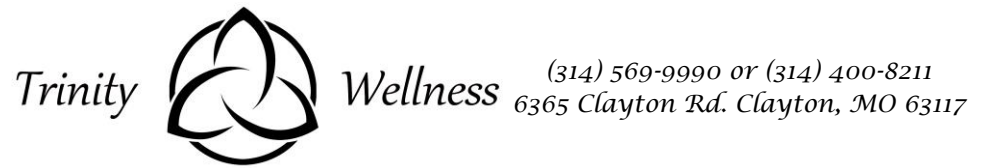
Date: \_\_\_\_\_

Counselor: Karen D. Banks, M.Ed., LPC

Client Print: \_\_\_\_\_

Sign: \_\_\_\_\_

[www.trinitywellnessstf.com](http://www.trinitywellnessstf.com)  
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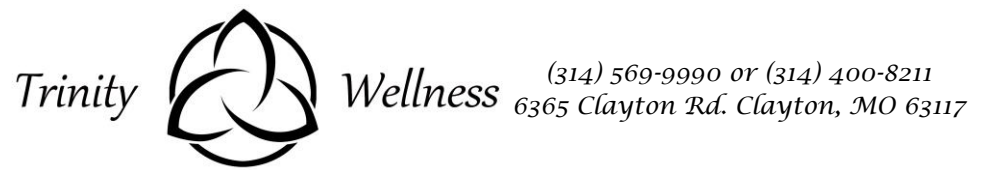
Date: \_\_\_\_\_

Counselor: Karen D. Banks, M.Ed., LPC

Client Print: \_\_\_\_\_

Sign: \_\_\_\_\_

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