



CLIENT INTAKE FORM

The purpose of this form is get an overview of your relevant medical history, as well as any accidents that may have contributed to your current postural condition. All information is kept strictly confidential. Please print this form, fill it out, then scan and email it to **thom@alexandertechnique.hush.com**, or mail it to:
The Center For Applied Posture
2 Keeler Lane, North Salem NY 10560

Name _____ Date of Birth _____
Address _____
Email _____ Mobile Phone _____
Other Phone _____ Referred By _____

Date of last physical exam and significant results, including blood pressure. Exam Date _____
1. _____ 2. _____
3. _____ 4. _____

Medical History (Please include surgeries, major accidents, frequent small accidents, family anecdotes regarding habitual mishaps. Please list in chronological order, with approximate dates.)
1. _____
2. _____
3. _____
4. _____

Please list your goals in studying the Alexander Technique
1. _____ 2. _____
3. _____ 4. _____

Medications (prescribed, over-the-counter, recreational):
1. _____ 2. _____
3. _____ 4. _____

The Center For Applied Posture • Alexander Technique by Thomas Lemens
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