CLIENT INTAKE FORM

for Michelle Drerup
Guild Certified Feldenkrais Practitioner℠

Date

Name

Street

City State Zip

Email

Phone

In general, do you prefer that I contact you by phone call/voice message, text, or email?
(Feel free to call, text, or email me.)

Date of Birth

Reason for your visit (What are you hoping to accomplish by seeing me?)

Occupation

List any activities you do that you think would be useful for me to know about.

Emergency contact name and phone number

How did you find me?

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In order to provide you with safe and effective *Feldenkrais*® lessons, I may need to be aware of medical conditions or injuries you now have or have had in the past. Please list below any medical conditions you think may be important for me to know about and please report anything you think I should know about before each future session.

Please read and sign the following agreement:

I understand that I may be charged for any sessions I miss or cancel with less than 12-hours notice. If I must cancel an appointment, I will give as much notice as possible. If Michelle must cancel, she will give me as much notice as possible. If Michelle fails to give me 12-hours notice, she will offer my next session free of charge.

I understand that *Feldenkrais*® lessons are intended to bring awareness to how I move and how I can improve my movement. Because discomfort is a distraction from other sensations I need to observe to improve my self-awareness, I will inform Michelle if any touch or movement she performs with me is uncomfortable in any way. I will also report to her if I experience any delayed unwanted effects from a lesson.

I understand that Michelle cannot diagnose or prescribe treatment for any medical illness, injury, or psychiatric condition. No suggestion made by Michelle should be construed as anything other than a suggestion. Please seek medical diagnosis and prescription from a qualified physician.

Signature **Date**

Name