

# New Client Form

Please Print

Name:	Birth date:
Address:	Home phone:
City:	Cell phone:
Postal Code:	Work phone:
Email:	Occupation:
Emergency Contact:	Home phone:
Relationship:	Cell phone:

**How did you learn about the Alexander Technique?** \_\_\_\_\_

**Do you have any injuries, aches, or pains? Please describe.**

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**Are there any other health conditions or concerns of which your Alexander Technique teacher should be aware?**

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**What are your goals for taking lessons?**

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**Please read the following and sign below in agreement:**

- 1) I have completed this form to the best of my knowledge, and I will update any changes as necessary.
- 2) I understand that a Certified Teacher of the Alexander Technique does not diagnose illness and does not prescribe medical treatment.
- 3) If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone or email, unless I have an emergency, in which case I will call ASAP to reschedule my appointment.
- 4) If I miss a scheduled appointment without giving 24 hours notice, I agree to pay any missed appointment charge applicable.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_