

Freedom In Motion Alexander Technique Student Information Form

Name:

Phone Number:

Email-Address:

Emergency Contact—

Name:

Number:

Relationship:

Any Medical History I should know about:

What are you looking to take from these sessions (How can I help you grow?):

Is there anything about your relationship with your body you would like to share (ex. “I grew up feeling disconnected from my body” “I played tennis in college” etc.):

Are there any activities you would like to explore together (ex. Acting, Guitar, Bicycling, etc.):

What are you passionate about in life?

