



Freedom In Motion

Alexander Technique

Student Information Form

Name:

Phone Number:

Address:

Email-Address:

Emergency Contact—

Name:

Number:

Relationship:

How did you hear about us?

What would you like to take from these sessions?

What is your relationship with your body like?

Are there any specific activities you would like to apply Alexander Technique work to?

Please list any significant medical history including major accidents, illnesses, and psychological health:

Anything else you would like to share or that you have questions on going into your first session?