



The Center for Applied Posture

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, so that we may have a more effective consultation. All information is kept strictly confidential.

This PDF is interactive. You can fill it out online, save it with a new name, and email it to Thomas@bestweb.net. Or print it, fill it out by hand, and please mail it to:
The Center For Applied Posture, 2 Keeler Lane, North Salem NY 10560. Thank you.

NAME _____ DATE OF BIRTH _____

ADDRESS _____

EMAIL _____ CELL 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. _____

5. _____

6. _____

PLEASE LIST ANY GOALS FOR YOUR STUDY OF THE ALEXANDER TECHNIQUE 1. _____

2. _____

3. _____

MEDICATIONS (PRESCRIBED, RECREATIONAL): 1. _____

2. _____ 3. _____ 4. _____

The Center For Applied Posture

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