



Maureen McHugh

Feldenkrais Practitioner

New client intake form

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_

Email \_\_\_\_\_ Referred by \_\_\_\_\_

Emergency contact \_\_\_\_\_

Please describe briefly the reason for the visit. \_\_\_\_\_

\_\_\_\_\_

Have you had any surgeries? \_\_\_\_\_

\_\_\_\_\_

Are you taking any medications? \_\_\_\_\_

\_\_\_\_\_

Is there anything you would like to share? \_\_\_\_\_

\_\_\_\_\_