Feldenkrais METHOD

LIFEEASE PHYSIO & FELDENKRAIS

Confidential Client Details

First name_________________________Surname______________________________________

Address____

Tel_________________________________Mob____

Email (please print clearly)____

Next of Kin ________________________________ Ph_________________________________

Date of birth_________________GP Name ____

Private Health Fund____________________Occupation_______________________________

How did you hear about this practice? ____

Medical history : please tick if you have any of the following:

- ☼ Neck pain
- ☼ Shoulder pain
- ☼ Upper back pain
- ☼ Mid back pain
- ☼ Lower back pain
- ☼ Knee problems
- ☼ Headaches/migraines
- ☼ Hip problems
- ☼ Joint replacements
- ☼ Sciatica
- ☼ Osteoporosis
- ☼ Arthritis
- ☼ Serious illness
- ☼ Blood pressure problems
- ☼ Heart problems
- ☼ Respiratory problems
- ☼ Epilepsy or fits
- ☼ Dizziness
- ☼ Digestive problems
- ☼ Low energy
- ☼ Insomnia

COMMENTS: ____

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Personal Responsibility Policy

I agree to take full responsibility for my participation in all classes or workshops with Tanja de Langen. I understand that, while all due care is taken, Tanja de Langen is not liable or responsible for any injury caused by my participation in the classes or workshops.

I have read and understand the Personal Responsibility Policy and agree to participate in classes or workshops with Tanja de Langen according to this policy.

I AGREE

Signed____Date_________________________________

CONFIDENTIAL