



### 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. All information is kept strictly confidential. Please print this form, fill it out, then scan and email it to **thom@alexandertechnique.hush.com**, or mail it to:  
**The Center For Applied Posture**  
2 Keeler Lane, North Salem NY 10560

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Mobile 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. \_\_\_\_\_

Please list your goals in studying the Alexander Technique  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Medications (prescribed, over-the-counter, recreational):  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**The Center For Applied Posture • Alexander Technique by Thomas Lemens**  
Westchester Location: 2 Keeler Lane, North Salem, NY 10560  
**Phone** (917) 294-9177 • **Email:** [thom@alexandertechnique.hush.com](mailto:thom@alexandertechnique.hush.com)  
**Websites:** [CenterForAppliedPosture.com](http://CenterForAppliedPosture.com) • [AlexanderTechniqueByThom.com](http://AlexanderTechniqueByThom.com)