

QUESTIONNAIRE

Please Print

NAME _____ D.O.B. _____

ADDRESS _____

HOME TEL. NO. _____ WORK TEL. NO. _____

MOBILE _____ FAX _____ E MAIL _____

ARE YOU PRESENTLY RECEIVING ANY OF THE FOLLOWING:

DOCTOR'S CARE ? _____ YES _____ NO _____

NAME, ADDRESS & TEL NO. OF GP _____

MEDICATION ? _____ YES _____ NO _____

THERAPY ? _____ YES _____ NO _____

NATURE OF THERAPY/MEDICATION _____

DO YOU HAVE PRIVATE MEDICAL INSURANCE ? IF SO, WITH WHICH COMPANY ?

PAST AILMENTS _____

PRESENT AILMENTS _____

INJURIES _____

OPERATIONS _____

HOW DID YOU LEARN ABOUT THE ALEXANDER TECHNIQUE ? _____

HOW DID YOU HEAR ABOUT ME ? _____

.....
I UNDERSTAND THAT AN ALEXANDER TEACHER IS NOT A DOCTOR OR THERAPIST
AND CANNOT DIAGNOSE, OR TREAT ANY SPECIFIC CONDITION.

DATE

SIGNATURE