



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Birth Month/Year: _____

Email: _____

Emergency Contact: _____ Phone No: _____

Relationship: _____

Do you have prior experience with dance, GYROTONIC® Method, Feldenkrais or other somatic movement?

What are your physical fitness goals?

Do you currently have any injuries or physical conditions that limit your movement?

Do you have any areas of weakness, tension, soreness and/or pain?

Do you have any physical or medical conditions including allergies or medications that I should know about?

How did you hear about me?
