



INITIAL
CONSULT
FORM

BASIC INFORMATION

NAME: _____

EMAIL: _____

PHONE: _____ HEIGHT: _____

BIRTHDATE: _____ WHAT COUNTRY DO YOU LIVE IN? TIME ZONE? _____

ARE YOU EXPERIENCED WITH SKYPE? _____

SKYPE EMAIL? _____

OCCUPATION? _____

HOURS OF WORK PER WEEK: _____

HEALTH INFORMATION

PLEASE LIST YOUR MAIN POSTURE, ALIGNMENT, MUSCLE, AND JOINT ISSUES



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HOW ARE THESE ISSUES EFFECTING YOUR LIFE?

WHAT ARE YOU HOPING TO ACHIEVE WITH WORKING WITH ME? GOALS?