ENERGY LIFE SCIENCES INSTITUTE

AERIN ALEXANDER, M.S. M.A. GCFP
FOUNDER, ELSI EDUCATIONAL DIRECTOR
aerin@energylifesciences.com
310.231.3500
2001 S. Barrington Ave. #116
Los Angeles, CA 90025

CONFIDENTIAL INFORMATION

Today's Date: _____ Date of Birth: _____/_____/_____

Name:_____ Marital Status: ☐ S ☐ M ☐ W ☐ D

Address: _____

City:_____ Zip:_____

Phone: _____ Email:_____

Emergency Contact:_____ Phone:_____

Reason for your visit _____

How did you hear about my services? _____

Are you under a doctor's care? Please describe

_____

Height:_____ Weight:_____ Date of Last Physical: _____

Are you presently taking any medications? Please describe

_____

Have you ever received body therapy? Please describe

_____

Please indicate all areas in which you are experiencing pain and/or limitations or have had previous injuries

☐ Head	☐ Arms/Wrist/Hands	☐ Thighs
☐ Neck/ Shoulders	☐ Chest	☐ Knees
☐ Middle Back	☐ Abdomen	☐ Lower Legs
☐ Lower Back	☐ Pelvis/ Hips	☐ Ankles/Feet/Toes

Other (describe):_____

Date of most recent bone density scan:_____

Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? ☐ Y ☐ N

Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? ☐ Y ☐ N

Do you have asthma? ☐ Y ☐ N

Explain: _____

Have you ever had any surgeries? ☐ Y ☐ N

Explain: _____

Do you have any allergies: ☐ Y ☐ N

Explain: _____

Do you smoke: ☐ Y ☐ N

How would you classify your flexibility at the present time?

Inflexible ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 *Very flexible*

How would you classify your strength at the present time?

Not very strong ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 *Very strong*

OCCUPATION

What is your current occupation? _____

Does your occupation require extended periods of sitting? ☐ Y ☐ N

Does your occupation require extended periods of repetitive movements? ☐ Y ☐ N

Explain: _____

Does your occupation require you to wear shoes with a heel (dress shoes)? ☐ Y ☐ N

Does your occupation cause you anxiety (mental stress)? ☐ Y ☐ N

ENERGY LIFE SCIENCES INSTITUTE

LIFESTYLE

Do you partake in any recreational activities (golf, tennis, skiing, etc.)? ☐ Y ☐ N

Please list your hobbies, activities, sports and passions:

What areas of your lifestyle are likely involved with your condition and you would like to improve?

Please list the three most significant stressful events in your life, from the most recent to the most distant. Are any of these still continuing to impact your life? Please indicate these clearly.

1.

2.

3.

ENERGY LIFE SCIENCES INSTITUTE

WAIVER OF LIABILITY

I hereby request and consent to the performance of procedures which are within the scope of practice of the Feldenkrais Method®: my instructor will verbally guide me through a sequence of gentle physical movements of my body in a laying down, sitting, or standing position; and will communicate through gentle touch and movement in addition to words while I lay on a table fully clothed laying. I understand that the practice of the physical movements and exercises, as instructed by Aerin Alexander, may carry some risk of injury. I also understand that I must judge my own capabilities with respect to these exercises and movements. In exchange for receiving these personal training sessions, I have agreed to pay an established fee, and further agree to take full responsibility for not exceeding my limits, and for any injury I might suffer during these sessions and/or immediately afterwards. I acknowledge that it is my responsibility to ascertain that there is no medical reason to prohibit my participation in these sessions, that it is my responsibility to inform Aerin Alexander of any medical conditions that my doctor feels should be considered during my session/class, and that it is my responsibility to inform Aerin Alexander immediately if any injury occurs during my session/class. I understand that Aerin Alexander will give adjustments and corrections through physical contact, and I hereby consent to such contact. I hereby agree to indemnify and waive and release any claim against Aerin Alexander and Tilo Medical and Acupuncture from any and all injury I might incur during the course of my Feldenkrais exercise sessions.

All appointments are scheduled, changed or canceled by contacting Aerin Alexander at 310-231-3500 and aerin@energylifesciences.com. 24 hours notice is required for all cancellations otherwise the session will be charged in full. I understand and agree to the above terms.

Signature _____ Date _____

ENERGY LIFE SCIENCES INSTITUTE

THANK YOU