

# Somatic Exercises Class Intake and Assessment Form

Name:	Email:
Address:	Phone:
City, State, Zip:	Today's date:

Describe any chronic or current physical discomfort, challenges, or limitations you have?

Have you had any accidents, injuries, or other health problems you think may be causing you problems?

What are your aspirations: what would you like to do that you can't do now?

What would you like to get out of this class?

Class Series and Dates	Attendance:
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