

Revive-Life©
Movement Education
&More



THE
FELDENKRAIS
METHOD©

“The aim of
the movements
is to make
the impossible
possible,
the possible
easy,
and the easy
elegant.”

-Moshe Feldenkrais

Functional
Integration©

Awareness
Through
Movement©

Cate Thomas
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CERTIFIED
FELDENKRAIS© PRACTITIONER

490 Rosedale Ave
Santa Rosa, CA 95405



Ph. 707.578.3377

INITIAL CONSULT

QUESTIONNAIRE

The information provided on the following pages will be used to determine your current well-being level, explore your goals, and design a program that best fits your needs. All information given will remain confidential and will only be disclosed to your doctor if requested. Please bring it with you to your first session. I look forward to helping you move and feel better very soon!

PERSONAL
INFORMATION

Name: _____ Date: _____

Address: _____
Street

City, State Zip Code

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Emergency Contact _____

Phone: _____

Primary Physician _____

Phone: _____

I am glad you found us - who referred you to us?

Goals

Please list as many goals as you can, both big and small,
thanks!

INFORMED CONSENT

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MISSED & CANCELED APPOINTMENTS: To cancel an appointment without charge, you must contact Revive Life at least 24 hours before your scheduled appointment. If you fail to cancel at least 24 hours in advanced, you will be charged a \$25 fee and may be charged in full for a `no call, no show' or sessions cancelled within an hour of scheduled time. Due to the nature of unforeseen circumstances, Revive Life understands and will allow a client to cancel a scheduled appointment, one time and one time only without prior notice of at least 24 hours without being charged. After that one time, the client will be charged for all cancellations that do not adhere to the policy stated above.

Client Initials

RELEASE OF LIABILITY

I (print name) _____, acknowledge that any program of physical activity involves risk of injury. I affirm that I am in good physical condition and do not suffer from any illness or disability, which would prevent my participation in a somatic movement program or mind-body fitness program.

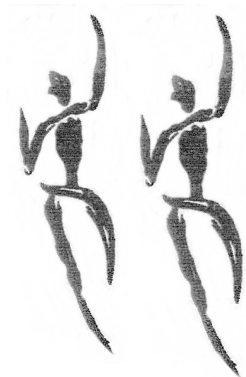
In consideration of participation in the movement education and exercise program contemplated by this agreement, I, on behalf of myself and my heirs, assigns, and personal representatives, hereby release and agree to hold harmless the somatic movement educators, fitness coaches, instructors and owners or operators of any premises upon which somatic movement or personal training may be conducted from any and all claims or damages, including, without limitation, injury, illness, disability, death or loss or damages to persons or property, whether arising from the negligence of the released parties or otherwise to the fullest extent permitted by law.

I have read and understand the foregoing consent to participation in said program. I am aware that I may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies, or procedures regarding the program I will discuss these questions with my trainer/facilitator immediately.

Signature (Student/Client) Date

Parent Signature (if Client is under 18 yrs) Date 3

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GOALS

CURRENT

1. List three goals you would like to achieve with your participation here in Revive-Life? These could be related to your body, movements, general health, emotional life or other.

a. _____

b. _____

c. _____

2. What is your biggest WHY for wanting to achieve your goals?

3. What discourages you and causes you to go off track?

MOVEMENT HABITS

CURRENT

1. Currently, do you have time in your day to commit 15 or 20-30 minutes of movement?

Yes No

2. What is your occupation?

Tell me a little about your typical day at work:

3. How would you describe your stress level? Low Medium High

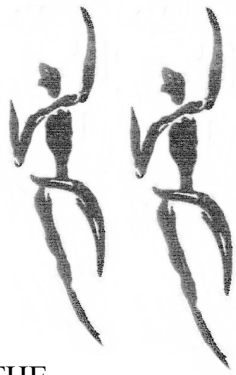
4. What activities are you currently unable to do easily or not at all?

5. What activities do you want to do, but aren't doing currently?

6. What activities hobbies do you engage in on a regular basis?

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HEALTH HISTORY

The information provided in the Initial Health History will be used to determine your present health and possible future risks. All information given will remain private and will only be disclosed to your doctor if necessary.

1. When was the last time you had a physical examination? _____

2. If you have been told that you have any chronic or serious illness, please list them.

3. Please list any injuries, surgeries or traumas that you have experienced, even if they are very old.

4. Is there anything else about your health that we should know?

I attest that the above information is true and correct to the best of my knowledge. I further understand my sessions with Revive Life are an educational process and not therapeutic in nature and that I may be required to receive medical clearance from my primary medical provider.

Signature

Date

I look forward to moving with you soon!

INITIAL