

# Thinking in Movement Studio Registration

Please enjoy the questions and complete the form in as much or little detail as you wish, or you could ask me to complete the form with you.

First Name

Family Name

E-Mail

Telephone number

Address

Age/ Date of birth

Emergency Contact Person

Emergency Contact Person Phone Number

Lessons you are Interested in \*

Previous experience with Focusing or movement studies

Any injuries or special concerns?

Other practitioners you are currently seeing

Previous practitioners you have seen

Education and background

How do you spend your days?

What is easy for you?

What is not easy just now?

Four related questions to consider:

1. What abilities would you like to develop?
2. What is your attitude about developing these abilities?
3. What do you hope may happen when you develop these?
4. What do you see as my role in helping you to develop these abilities?

Your questions, wishes or concerns about the lessons?

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