

Somatic Restructuring
Self- Assessment

What is your movement background? Current practices, interests?

Please describe any past or current injuries.

What would you like to improve? (Ex: Coordination, Focus, Energy, Endurance, Flexibility, Strength, Sleep, Relaxation,)

Where does stress present in your body?

Current Occupation?

How many times per week do you move?

What does your movement activities consist of?

How do you cope with stress & anxiety?

Do you have a meditation background? If so, please describe.