



First Name: _____ Last Name: _____ Address: _____
City: _____
State: _____ Zip: _____ Home Phone: (____) _____ Cell Phone: _____
(____) _____ Occupation: _____ Email: _____
Date of Birth: ____/____/____ Age: _____
Do you know your Sun _____ Moon _____ Rising _____
Marital Status: ____ Married ____ Single ____ Widowed ____ Divorced
Do you have children? Y / N Number of children _____
Names, Age, Sun signs of Children: _____

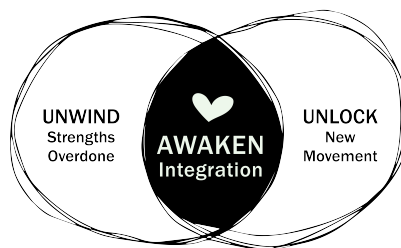
Who can I thank for referring you? _____

What is your level of commitment to yourself, your life and journey to Optimal Living?

High _____ Medium _____ Low _____

My intentions are always to support and empower others to not only understand their unique mind & body, but also expand inner Love, compassion and forgiveness within. What has you curious to explore a Movement with me today?

Paleena's Unique Movement Map



Lifestyle History

Everything we have experienced in our past contributes to who we are today
My goal is to help you feel and surrender Strengths Overdone that create imbalance and disease in our bodies. Unwinding tension and pain, while unlocking NEW and Different ways of moving your body to awaken more Ease, Grace and Joy in your Mind, Body and Life!
The more I know about you, the more I can help you with your healing process.
What goals are you looking to achieve by working with me?

History of Physical Stress, Trauma or Challenges:

The trauma and stress of life is present in all humans (acknowledged or not). Have you had a challenging birth, sexual trauma, car accident(s), sports injuries, falls, repetitive injuries, etc...?

History of Emotional Stress, Trauma, or Challenges:

Our expression of health, healing and life is greatly influenced by our emotional well-being. Have you been through a difficult divorce/break-up, stressful job, school, family life, or any other major change/challenge etc...?

Quality of Nutrition (Breakfast, Lunch, and Dinner): Cravings, sugar, caffeine, comfort foods etc. Do you skip meals, fast etc...? Are you a vegetarian, vegan, raw, macro, meat eater? Do you feel you are lacking something? What are your nutritional goals?

Fluid Intake:

What do you drink (alcohol, coffee, tea, cow's milk, diet soda, etc...) and how often?

Movement:

What type of Movement/Exercise do you explore and How often?

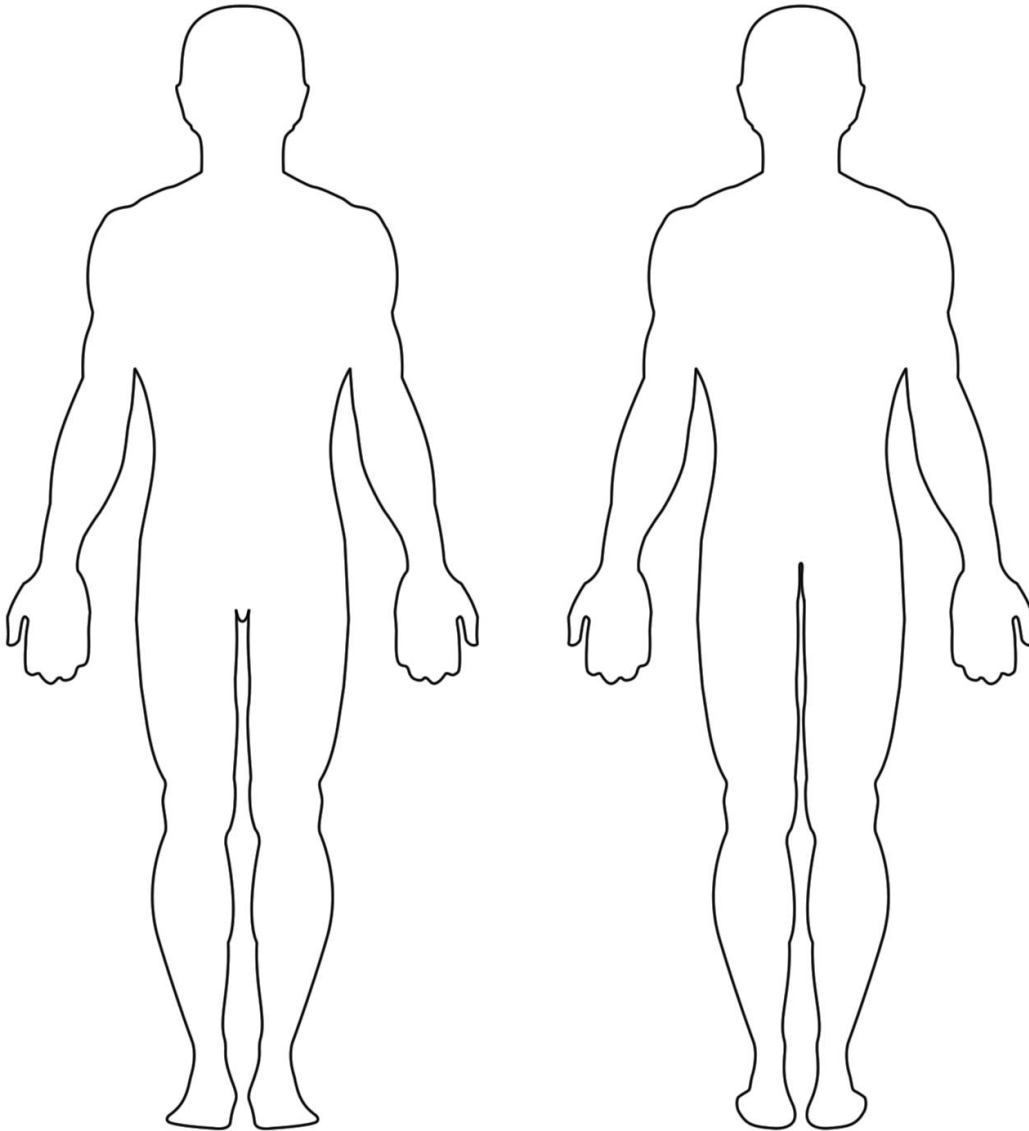
What type of work do you do or how do you spend your days?

Is it a high or low stress environment and/or experience?

Level of satisfaction with career:

Do you have a positive (expansive) or negative (constrictive) mindset when it comes to life? Explain...

On the diagram, please indicate any areas where you feel pain, tension, discomfort. Then label them in the order that you would prioritize them in your healing Journey, beginning with #1 as your main priority.



Please also explain if moving, sitting, lying down increases or decreases your pain/tension/discomfort?

Can you also tell me a bit more about how your pain feels? Examples: Achey, numb, warm, cool, hot, burning, cold, tingly etc. _____

Also how do you sleep, on your side, back etc.? How many hours do you sleep on average? Do you sleep well? Do you usually remember your dreams?

Do you feel like you are surviving each day, or thriving? Are you excited to get out of bed and excited for the day or is it more challenging to get out of bed?

Do you know what brings you Joy? Is Joy something that feels comfortable for you?

If there was one thing that you've been wanting to add into your life that you feel would be life changing, if so what would it be? What momentum/baby step could you do in the next week?

Thank you for taking time to share, is there any other information about you that you feel may be relevant?

I certify that the above information is true and complete to the of my knowledge. I consent to Yoga Therapy and all forms of Movement Coaching and I hereby release and discharge Paleena Moyer from any and all liability, claim, and demand or action that may result from my participation in Yoga Therapy, or any type of Wellness Coaching.

My primary goal is to support you to Move Better, which integrates Mind and Body, creating wholeness so you may Live Optimally.

I, _____ the undersigned, have completely read and understood the above statement and choose to be supported by Paleena Moyer with this understanding

Signed _____ Date _____

Witnessed _____ Date _____

