



**Client Information Sheet**

**We want to get to know YOU!**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**Phone Number (home):** \_\_\_\_\_

**Phone Number (Mobile):** \_\_\_\_\_

**Do you want to receive text message updates (i.e., schedule changes):** \_\_\_yes \_\_\_no

**Email Address:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

**Facebook Name:** \_\_\_\_\_

**Any Special conditions, needs or medications we should be aware of?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Favorite Classes:** \_\_\_\_\_