## **CLIENT EVALUATION FORM**

Name		Occupation		Date				
PHYSICAL CHALLENGES								
PHYSIOLOGICAL CHAL	LENGES							
Energy .								
Energy								
Sleep								
Stress								
MENTAL-EMOTIONAL (	CHALLENGES							
Lifestyle								
Activity Level								
Temperament								
Sources of Joy								
Personal Practice								
STRUCTURAL OBSERVATION								
$\bigcirc$	Cervical spine/Head	t						
	Shoulders/Arms							
	Thoracic curve							
	Lumbar curve							
	Hip position							
	Knee position							
	Ankles/Feet							
Other Observations								



## MOVEMENT EVALUATION NOTES

Breath
Breath
Attention

## STRATEGY

MAIN FOCUS			
Asana			
Breathing			
breating			
Relaxation			
Meditation			

## NOTES

Other

