



**Please complete this form prior to your first visit**  
**Rolfing® Structural Integration and Body Work**  
**Bring Short and Sport brad/Light top**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M/F

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

How did you hear about us?/Referred By: \_\_\_\_\_

Yes  No Have you had  Rolfing Session  Body Work before? If Yes, how recently?

Yes  No Do you frequently suffer from stress?

Yes  No Do you have diabetes?

Yes  No Do you experience frequent headaches?

Yes  No Are you pregnant?

Yes  No Do you suffer from arthritis? Where?

Yes  No Do you have high blood pressure?  Yes  No Do you take medication?

Yes  No Do you suffer from joint swelling? Where?

Yes  No Do you have varicose veins?

Yes  No Do you have any contagious diseases?

Yes  No Do you have osteoporosis?

Yes  No Do you have any allergies?

Yes  No Do you have any skin condition?  Yes  No Do you bruise easily?

Yes  No Have you had any broken bones in the past two years? Please list:

Yes  No Have you been in an accident or suffered any injuries in the past two years?

**Explain:**

Yes  No Do you have cardiac or circulatory problems?

Yes  No Do you suffer from neck or back pain?  Yes  No Do you have numbness or stabbing pains anywhere?

Yes  No Have you ever had surgery/Please explained:

Yes  No Do you have any other medical condition or are you taking any medication?

Yes  No Do you exercise? List activities and frequency and intensity:

What are your expectation/ and /or goals for this session?

**Release**

*Please read carefully and sign below:*

**I fully understand the purpose of Rolwing is to balance and align the physical body so that it is supported and maintained by gravity. This is done through direct manual manipulation and education so that greater economy and freedom of body movement are achieved. I should wear comfortable clothing such as running shorts and sport bra or underwear during the session as draping is not provided. All body parts may be addressed, except genital and breast areas. If I experience any pain or discomfort during this session, I will immediately inform the Certified Rolfer™ so that the pressure and/or stroke may be adjusted to my level of comfort.**

**I understand Rolwing and/or Body Work are not involved with the treatment of disease of any kind, nor do they substitute for medical diagnosis or treatment when such attention is needed. The Certified Rolfer™ and/or Body Worker do not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Certified Rolfer™ and /or Body Worker should be misconstrued to be such.**

**I give my Certified Rolfer™, \_\_\_\_\_, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Certified Rolfer™ and/or Body Worker full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. !**

**All records maintained by the Certified Rolfer™ and/or Body Worker regarding the client below are confidential and will require prior written approval of the client to be released to anyone other than the client.**

**Client signature:**

**Date:**

**Certified Rolfer™/Body worker signature :**

**Date:**