

Origins: Rolwing SI
Erin Solveig Certified Rolfer™
Boulder, CO : 541 410 4250

Confidential Health Questionnaire

Date: _____

Name: _____

D.O.B: _____ Sex: M / F

Address: _____

Occupation: _____

_____ Zip: _____

Emergency Contact (*Name/Relation*):

Phone: _____

Email: _____

Phone: _____

Check if you ever had any of the following conditions or problems: *Be descriptive if appropriate*

Heart Condition
 High/low Blood Pressure
 Blood Clot Disorders
 Diabetes
 Cancer
 Thyroid Problems
 Osteoporosis
 Arthritis
 HIV/AIDS or Hepatitis
 Respiratory problems

Circulatory problems
 Digestive problems
 Jaw tension or TMJ
 Headaches or Migraines
 Hearing loss
 Sleep Trouble
 Stress/Anxiety
 Neurological Problems
 Herniated disk/pinched nerve
 Spinal Fusion

Sinus Problems
 Skin Condition
 Fibromyalgia
 Numbness/Tingling(where?)
 Bursitis
Pregnant *Past/Present/Never*
Sensitive to: _____
Other: _____

Please describe any past injuries, accidents and surgeries:

Reason For Today's Visit:

How do you use your body? Please list current lifestyle habits: TV/computer or sitting time, exercise, sports, hobbies or musical instruments, diet, etc.

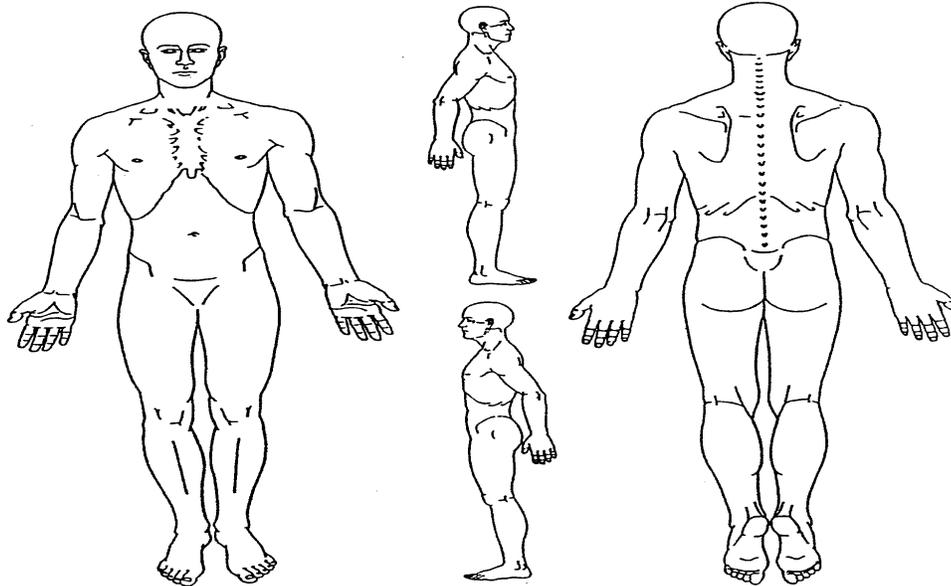
Are you presently under the care of an MD, naturopath, chiropractor, therapist, or acupuncturist? *If yes, for what?* And do I have permission to contact your provider to discuss confidential information relevant to your Rolwing sessions and overall Health? **Yes / No**
Provider's Name/Contact:

What medication have you taken in the past six months? _____

Have you received, or do you regularly receive some form of massage/bodywork? How often?

What would you like to gain from your experience with Rolfing®? _____

Please mark your areas of pain



Application & Consent for Rolfing™ Structural Integration

I understand that the above information is complete to the best of my knowledge and will be held confidential. I understand that the purpose of Rolfing® is to balance and align the physical body so that it is supported by gravity in three-dimensional space. This is done through direct manipulation and education to promote ease in movement. I understand it is necessary for the Rolfer™ to touch my body in a therapeutic way in order to assist me in establishing balance and alignment.

I understand that Rolfing® is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The Rolfer™ does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Rolfer™ should be misconstrued to be such.

I agree to arrive to my sessions clean and in generally good health (*not contagious*). I also agree give 24 hours notice for appointment cancelations, and know that I may be charged in full for any missed appointments that were not given adequate notice. **I understand and respect a 24-hour cancelation policy.**

I have read, understand, and agree to the above statements,

(Client Signature)

(Date)