

Rolfing SLC Client Intake Form

3194 S. 1100 E., Suite 203 • Salt Lake City, UT 84106
mary@rolfingslc.com • www.rolfingslc.com • 801.809.2560

Client Health Questionnaire

Note: The information in this document will be kept strictly confidential.

Name: _____ Address: _____
Date of Birth: _____ E-mail: _____
Weight: _____ Phones: _____
Height: _____
Today's Date: _____

What would you like to gain from the experience of being Rolfed?

Do you have or have you ever had any of the following conditions/illnesses/problems?
(Write YES where applicable and describe below.)

Heart Condition	_____	Respiratory Problems	_____
Blood Pressure (H/L)	_____	Circulatory Problems	_____
Hemophilia	_____	Digestive Problems	_____
Diabetes	_____	Eliminatory Problems	_____
Cancer	_____	Contact Lenses	_____
Convulsions	_____	Dentures / Bridge	_____
Thyroid Problems	_____	Orthodontics	_____
Osteoporosis	_____	Orthotics	_____
Arthritis	_____	Skin Conditions	_____
Osteomyelitis	_____	HIV/AIDS	_____
Phlebitis	_____	Nerve/Brain Injury	_____

Are you currently under the care of medical physician/chiropractor/therapist? If so, please describe:

Date of most recent medical physical exam: _____
What medication have you taken in the past 6 months? _____

What is your previous experience with Rolfing and other bodywork?

How did you learn about Rolfing?

Please describe any previous injuries, accidents or surgeries:

Dates	Area(s) Affected	Treatment and Other Relevant Information

I certify that the above information is true and accurate to the best of my knowledge:

Signature of Client (or Parent or Guardian if under 18 years of age)

Date

Rolfing SLC Policies & Consent

3194 S. 1100 E., Suite 203 • Salt Lake City, UT 84106

mary@rolfingslc.com • www.rolfingslccom • 801.809.2560

Client Name: _____

Important Policies

- All cancellations require 24 hours notice or a \$100 fee will be charged.
- If you have an illness, contact your Rolfer so a decision can be made about rescheduling your appointment.
- Payment with cash, check, or credit card is due in full at each session, unless prior arrangements have been made.
- Please advise your Rolfer if you need a receipt for insurance purposes prior to the start of the session.
- If you have any questions or concerns about your Rolfing process or what you are experiencing, please contact your Rolfer.

Application and Consent for Rolfing®

I hereby apply for a standard series of processing in Rolfing® Structural Integration and certify that the above information is true and accurate to the best of my knowledge.

I fully understand the purpose of Rolfing® is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body movement are achieved.

I understand 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 understand it is necessary for the Rolfer to touch my body in order to assist me in establishing balance and alignment in the body.

I give the Certified Rolfer™ at RolfingSLC, 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 Rolfer full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

I understand that my comfort and safety during sessions is of paramount importance, and that I have the right to refuse work at any time.

Furthermore, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Rolfing®.

All records maintained by the Rolfer regarding the client below are confidential and will require prior written approval from the client to be released to anyone other than the client.

I have read and agree to the forgoing sections "Important Policies" and "Application and Consent for Rolfing":

Signature of Client (or Parent or Guardian if under 18 years of age)

Date