Rolfing® Structural Integration Health Intake Form

This form is used as a guideline for further discussion about your general health and well-being.

Name:	DOB:		
Email:	Phone Number:		
Weight	::Height:		
Do you	have or ever had any of the following con-	ditions, illne:	sses, or problems?
	Heart condition		Hemophilia
	Respiratory problems		Convulsions
	Circulatory problems		Diabetes
	Digestive problems		Cancer
	High blood pressure		Other:
	Low blood pressure		
Please	describe any of the above, including appr	oximate date	es of illness and treatment:
-	u currently under the care of a medical phy describe:	ysician, chirc	opractor, or other therapist? If yes,
Approx	imate date of last physical:		
	nedication(s) and supplement(s) have you		

Any past injuries? (Please describe approximate dates, sites of injuries and treatments):

Any past accidents? (Please describe approximate	dates, sites of injuries and treatments):
Any past surgeries? (Please describe approximate o	dates, sites of injuries and treatments):
Any previous bodywork? (Please describe approxim	nate dates, sites of injuries and treatments):
What would you like to gain from Rolfing Structural	Integration?
Where did you learn about Rolfing SI?	
Questions prior to beginning?	
Cancellation / No-Show Policy *	
☐ I understand	
Structure and Dynamics requires all clients to provi for Monday appointments) when canceling or reboo shows will be charged for the full session using the and Dynamics also abides by this policy - in the eve no-show, the client will be compensated for a sessi	oking an appointment. Late cancellations or nopayment method provided at booking. Structure and the company exercises a late cancellation or
Signature	Date