



structural energy

Name: _____ Date of Birth: _____

Address: _____ Height: _____ Weight: _____

_____ Email: _____

Primary Phone #: _____ Alternate #: _____

Occupation: _____ Referred By: _____

Emergency Contact: _____ Phone #: _____

Primary Doctor/Clinic: _____ Phone #: _____

Please circle any of the conditions that apply and briefly explain in the space provided below. If you have a condition that is not listed, please describe.

Abdominal Hernia	Arthritis	Broken Bones
Bursitis	Cancer	Circulatory Problems
Convulsions	Dentures	Diabetes
Digestive Problems	Edema	Extremity numbness
Headaches/ Migraines	Heart Condition	Hemophilia
Herniated Disc	High Blood Pressure	Knocked unconscious
Low Blood Pressure	Osteoporosis	Removable Bridge
Respiratory Problems	Sciatica	Scoliosis
Skin Disorders	Thyroid Problems	Varicose Veins

Please list any allergies that you have:

Please list and describe any current and chronic complaints. For example, low back pain, neck pain, shoulder pain, etc...

Please list and describe any traumas and injuries that you have had. Have you been in a car accident? Do you have any broken bones? Indicate whether or not you have ever had surgery and/or been hospitalized. If so, describe what it was for and when it happened.

What do you hope to gain from Rolfing® Structural Integration?

Have you received Rolfing SI before? If so, when? How many sessions have you had?

How did you hear about *Structural Energy* and Rolfing SI?

Please list your previous/current bodywork experience (massage, chiropractic care, acupuncture, physical therapy, etc...). How often are you receiving this work?

Are you currently under the care of a medical physician? If yes, for what?

What medication have you taken in the past six months?

What is your current exercise program and diet? Do you smoke?

Are you pregnant? If so, how many weeks are you? When is your due date?

Is there anything else that I need to know before we begin our work?

I agree to pay my Rolfer™ in full for services received.

I understand that I will be responsible to pay for any session I miss without 24 hours notice or prior communication and agreement with my Rolfer.

Client's Signature

Today's Date

Additional Practitioner Notes...