## **Confidential Health Questionaire** Date / / Name Address \_\_\_\_\_ Phone Handy e-mail Date of birth Occupation Sports / Activities /Interests How did hear about Rolfing ?\_\_\_\_\_ How do you expect to get from Rolfing? Physical Discomforts (Be specific) Do you, or have you had (Response required for all items. Please explain all answers in the affirmative) Heart Condition Yes No Tuberculosis Yes No High blood pressure Yes No HIV, Virus Infection Yes No Hemophilia Yes No Eliminative problems Yes No Yes No Arthritis Yes No Respiratory problems Yes No Convulsion Circulatory problems Yes No Low blood pressure Yes No Digestive problems Yes No Contact Lenses Thyroid problems Yes No Yes No Smoke Yes No Surgery Yes No Major illness or Injury Dentures/ Removable Bridges Yes No Yes No Phlebitis Yes No Pregnant Yes No Allergies Yes No Use an IUD Yes No Insomnia Yes No Menstrual difficulty Yes No Diabetes Yes No Broken bones Yes No Skin rash/ Dermatitis Yes No Other Yes No

Description:

Are you presently or have you been in the past under the care of a physician / dentist / chiropracto
/ therapist (Be specific) ?
Medications currently taking
Previous Bodywork / Massage / Rolfing
<u> </u>
<b>Application and Consent for Rolfing</b>
I hereby apply for a standard series of processing in <i>Rolfing</i> (Structural Integration) for
<ul><li>( ) myself</li><li>( ) who I am the legal guardian for.</li></ul>
I fully understand the purpose of <i>Rolfing</i> is to balance and align the physical body so that it is supported and
maintained by gravity in three-dimentional space. This is done through direct manipulation and education so that
greater economy and freedom of body movement are achieved.
I understand <i>Rolfing</i> 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 an
alignment in the body.
I give Hiroyoshi Tahata, as a <i>Certified Rolfer</i> , my permission and consent to do all those things necessary i
helping me establish balance and alignment, including, but not limited to touching my body. I give the <i>Rolfer</i> fu privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.
Furthermore, I understand that any relief of physical or emotional symptoms is coincidental in the organizatio
of the total human being and is not the basic goal of <i>Rolfing</i> .
*******Please read******
Cancelloation and Financial Agreement
Appointments not cancelled at least 24 hours in advance will be billed in full.
Cancellation before 3 or 2 days will be charged \(\frac{1}{2}\) 3000. It will be recognized as
a cancellation to be late for the session more than 15 min.
a cancentation to be late for the session more than 10 min.
All fees are due and payable at the time of service
Applicant's Signature (or Guardian if client under 18 years)  Date

The words Rolfing and Rolfer are Service Marks of The Rolf Institute of Structural Integration