

ROLFING HEALTH QUESTIONNAIRE

Name _____

Email: _____

Referred By _____

Address _____

City _____ ZIP _____

Phone (day) _____ (evening) _____

Occupation _____

DOB ____ / ____ / ____ Height: ____ Weight: ____ Age: ____

Do you have or have you ever had any of the following? (Yes or No)			
Heart condition			Chiropractic care
Cancer			Thyroid problems
Arthritis			Diabetes
Convulsions			Osteoporosis or osteomyelitis
Phlebitis or hemophilia			Orthopedic braces or shoes
Kidney or urinary problems			High or low blood pressure
Contact lenses			Dentures or removable bridge
Allergies			Hemias
Sinus problems			Pregnancy/miscarriage/abortions
Whiplash			Surgical pins/plates
Scoliosis			T.M.J. syndrome
Chronic or recurrent pain			Cosmetic surgery
Headaches			Respiratory disorder
Ulcer or digestive disorder			Degenerative joint disease

Have you had any broken bones or major sprains? _____

Briefly describe: _____

Any major injuries, illnesses or accidents? _____

Briefly describe: _____

Have you had any surgery? _____
Briefly describe: _____

What medications have you taken during the last six months? _____

Are you being treated by a medical or chiropractic doctor? _____

Are you presently in psychological therapy? _____

Have you ever been physically or sexually abused? _____

What chronic bodily discomforts are you aware of? _____

Are you pregnant? _____ Do you have an I.U.D.? _____

Are there any activities from which you are restricted? _____
Briefly describe: _____

What kind of exercise do you do regularly? _____
How many hours per week? _____

Are you or have you ever been involved in any self-improvement programs (yoga, est, silva, holistic health classes, therapy, counseling, landmark education, etc.)?

Briefly list: _____

Why do you want to get Rolfed?

CANCELLATION POLICY

Due to the large amount of time that must be blocked out for each appointment, it is necessary to require 24 hours notice of all cancellations or the full fee will be charged.

I certify that the above stated information is true and accurate to the best of my knowledge, and i agree to keep my appointments in a timely manner.

Signature _____

Date _____

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