

Rolfing® Structural Integration Application and Consent

I, _____ (please print your name) hereby apply for a series of sessions in Rolfing Structural Integration.

I understand the purpose of Rolfing SI is to balance and restore the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct physical touch and body-centered education; balance and ease in the physical body are main goals of this work.

I further understand Rolfing SI is not involved with the treatment of disease of any kind; nor does it substitute for medical diagnosis or treatment when such attention is deemed necessary.

A Certified Rolfer™ does not treat, prescribe or diagnose illness, disease, any physical or other related ailment of the person seeking Rolfing SI. Nothing said or done by the below named Rolfer should be understood as counter to this statement.

I understand it is necessary for the Rolfer to touch my body in an appropriate manner in order to assist me in establishing balance and ease in my physical body.

I give Theresa Clark Whited my permission and consent to work with me in such a way as to restore and establish balance and ease in my physical body. I further understand that I may at any time revoke such permission and consent, and can choose to discontinue the session and series of Rolfing.

In addition, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not a basic goal of Rolfing Structural Integration.

Date:

Applicant's Signature:

Email:

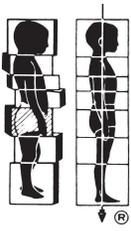
Phone:

Rolfer's Signature:

Email: Theresaclark.rolfer@gmail.com

Phone: 207-215-9327

The terms Rolfing®, Rolf Institute® and Rolfer™ and the Little Boy logo are service marks of the Rolf Institute of Structural Integration, and are only to be used by members in good standing with the Rolf Institute.



Rolfing® Structural Integration Health Intake Form

Please print clearly.

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

Name

Age

Weight

Height

Do you have or ever had any of the following conditions, illnesses or problems?

Heart condition

High blood pressure

Hemophilia

Diabetes

Respiratory problems

Low blood pressure

Convulsions

Cancer

Circulatory problems

Digestive problems

Other:

Please describe any of the above, including approximate dates of illness and treatment:

Are you currently under the care of a medical physician, chiropractor or other therapist?

If yes, please describe:

If not, please indicate approximate date of last physical:

What medication(s) have you taken during the last six months?

Please describe, including approximate dates, sites of injuries and treatments:

Past injuries

Past accidents

Past surgeries

Previous bodywork

What would you like to gain from Rolfing Structural Integration?

Where did you learn about Rolfing SI?

Questions prior to beginning:

Please feel free to ask questions at any time during the process. Client communication is vital to the work.

**Thank you for taking the time to fill out this questionnaire. It will remain confidential.
We appreciate your continued participation in your own good health.**