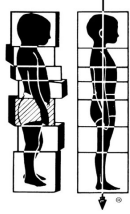


Rolfing® Structural Integration



Emily Savage

Certified Rolfer™ & Rolf Movement® Practitioner

612.245.2570 • essavage@gmail.com • emilysavage.com

Rolfing® Structural Integration Health Intake Form

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

Name:

Gender:

Height:

Weight:

Birth Date:

Telephone:

Email:

Describe any injuries, accidents, surgeries and/or serious illness:

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

Heart Condition • High/Low Blood Pressure • Hemophilia (blood disorder) • Diabetes • Cancer • Convulsions/ Seizures • Thyroid • Osteoporosis (bone mass) • Arthritis • Osteomyelitis (bone disease) • Asthma • Respiratory • Circulatory • Mental Health • Digestive • Eliminary • I.U.D. • Headaches/Migraines • Knocked unconscious/ concussion • Epilepsy • Disability of the feet, ankles, knees, hips or back • Fibromyalgia • Chronic Fatigue Syndrome • Eye, ear, nose, throat disorder • Pain, numbness, or tingling in your limbs

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

Are you currently pregnant?

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

If yes, please describe:

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

Previous bodywork experience:

How did you find out about Rolwing®?

Is there anything else you want me to know or that I should know?

I certify that the above information is true and accurate to the best of my knowledge.

Client Signature (Parent/Guardian for minor)

Date