



MATTHEW HARTMAN

ROLF STRUCTURAL INTEGRATION
Therapeutic Bodywork

Name _____ Phone () _____ DOB _____

Address _____ City _____ State _____ Zip _____

E-mail: _____

Referred by: _____ Occupation _____

In case of emergency: _____ Phone () _____

Primary Health Care Provider _____

Please read and answer the following questions carefully regarding your medical history, symptoms and injuries. Rolf Structural Integration may be contraindicated for certain conditions and may require consent from your primary care provider.

- | | | | | | |
|-----|----|--|-----|----|--|
| Yes | No | Do you have diabetes? I II | Yes | No | Do you have varicose veins? |
| Yes | No | Are you pregnant? | Yes | No | Do you have any contagious diseases? |
| Yes | No | Are you wearing dentures or dental implants? | Yes | No | Do you have osteoporosis? |
| Yes | No | Do you have high blood pressure? | Yes | No | Do you have any allergies? |
| Yes | No | Are you taking high blood pressure medication? | Yes | No | Do you bruise easily? |
| Yes | No | Do you suffer from epilepsy or seizures? | Yes | No | Do you have cardiac or circulatory problems? |
| Yes | No | Do you experience frequent headaches? | | | |
| Yes | No | Do you have arthritis? Please specify _____ | | | |

Yes No Do you experience joint swelling? If so, where and frequency? _____

Yes No Do you take medications? Please specify _____

Yes No Do you experience back pain? If so, where and frequency? _____

Yes No Do you have numbness or stabbing pains? Please specify _____

Yes No Have you been a victim of sexual or physical abuse? If so, have you received any therapy or counseling? _____

Please list any other medical conditions not mentioned above. _____

Please list areas of your body where you experience pain or discomfort. _____

Please list injuries, major illnesses, and traumatic events you have experienced in the past two years. _____

Please list major injuries, illnesses, and surgeries in your life which currently effects your physical or mental health. _____

Is there anything else you would like me to know regarding your health history? _____

I understand the purpose of Rolf Structural Integration (SI) is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct movement of the body connective tissue (fascia) and education so that greater economy and freedom of body movement is achieved. I understand that Matthew Hartman, LMT, Practitioner of Rolf SI makes no warranties or guarantees regarding the results of this process.

I understand that Rolf SI is not involved with the treatment of disease, illness, or disorders of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. With my signature I give consent for Rolf SI bodywork and at anytime during the treatment I have the right to withdraw this consent.

Signature _____ **Date** _____

Consent to Treatment of Minor: By my signature below, I hereby authorize Matthew Hartman, LMT to administer Rolf SI bodywork to my child or dependent as he deems necessary.

Signature of Parent or Guardian _____ Date _____