Carmen Miller *LMT#19803*

Certified Rolfer

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(541) 223-9522

Confidential Health Questionnaire

Name:_____ Phone: (M)_____
Address:_____ (H)_____
_____ D.O.B:_____
E-Mail:_____ Occupation:_____

Please describe briefly.

Exercise habits:_____

General Diet:_____

Sleep:_____

General health:_____

Surgeries or hospitalizations (include dates):_____

_____

Injuries / accidents and care received (include dates. Approximations are OK):_____

_____

Do you have any areas of chronic bodily discomfort?_____

Are you presently under the care of a(Please circle all that apply) MD, DC, L.Ac., ND, PT, Psyc., other?

Explain. _____

What medications have you taken in the past six months?_____

Please mark all that apply:

- o Heart Condition
- o High/Low blood pressure
- o Hemophilia
- o Anemia
- o Diabetes
- o Cancer
- o Convulsions
- o Thyroid problems
- o Osteoporosis
- o Arthritis
- o Osteomyelitis
- o Phlebitis
- o Respiratory problems
- o Eliminatory problems
- o Circulatory problems
- o Digestive problems
- o Contact lenses
- o Dentures
- o Boils
- o Fungal infections
- o Herpes simplex
- o Warts
- o Psoriasis
- o Hepatitis
- o HIV/AIDS
- o Tuberculosis
- o Fibromyalgia
- o Chronic fatigue
- o Lupus
- o Multiple sclerosis
- o Headaches/Migranes
- o Sleep disorders
- o Depression
- o Chemical dependency
- o Painful menstruation
- o IUD
- o Pregnant
- o Other:_____

OVER

What would you like to gain from your experience with Rolfing®? _____

_____

Whom should I thank for your referral?_____

APPLICATION AND CONSENT FOR ROLFING®

As a client, I fully understand that the purpose of Rolfing is to balance and align the physical body so that it is supported by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body movement are achieved.

I understand that Rolfing 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 and alignment in the body.

I give Carmen Miller, as a Certified Rolfing® Practitioner, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Rolfer full 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 organization of the total human being and is not the basic goal of Rolfing.

APPOINTMENT & CANCELLATION POLICY

I understand that the Rolfing Practitioner agrees to perform Rolfing during my scheduled appointment time only. I understand that if I am late for an appointment it may not be possible to change the ending time of the session but I will still be responsible for payment in full of the scheduled session. Furthermore, I agree to give notice of cancellation at least 24 hours in advance of my appointment. If I do not give such notice then I assume responsibility for payment in full of the scheduled session. Exceptions may be made at the discretion of the Rolfer in the case of unforeseen illness or emergencies.

I certify that the information provided is true and accurate to the best of my knowledge and that I have read and agreed to the terms and policies stated in this document.

_____ _____

Signature of client or parent/guardian if under 18 years of age Date