

New Client Intake Form

Name: _____ Birth Date: _____
Address: _____ Height: _____
City: _____ State: _____ Zip: _____ Weight: _____
Phone: (H) _____ (W) _____ (C) _____
Email: _____ Occupation: _____

Do you have or have you ever had any of the following conditions / illnesses / problems? Circle "Y" for yes or "N" for no.

Table with 2 columns of conditions and 2 columns of Y/N responses. Conditions include Heart Condition, High/Low BP, Hemophilia, Diabetes, Cancer, Convulsions, Thyroid Problems, Osteoporosis, Arthritis, Osteomyelitis, Phlebitis, Respiratory Problems, Eliminatory Problems, Circulatory Problems, Digestive Problems, Eye, ear, nose, throat disorder, Contagious or communicable disorders, Disability of feet, ankles, knees, hips, or back, Pain, numbness and/or tingling in limbs, Chronic bodily discomfort, Chest pain during exertion, Excessive tiredness, Illness or injury at the present time, Contact Lenses, Dentures / Removable Bridge / Braces, I.U.D., Currently pregnant, and Other.

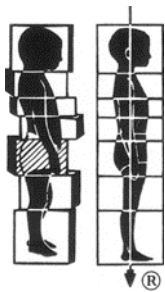
Please list any past injuries, accidents, surgeries and/or serious illnesses. Use additional space if necessary.

Empty box for listing past injuries, accidents, surgeries and/or serious illnesses.

Are you currently under the care of other health care providers? Y / N Does s/he approve of you being Rolfed? Y / N
What kind of provider(s)? (MD, LMT, ND, LAc, etc.) _____ Date of last physical: _____
What medications have you taken in the past 6 months? _____
What is your previous bodywork experience? _____
What physical activities do you do? _____
What does a typical day look like for you? _____
How did you find me? _____
Why do you want to receive bodywork and what are your expectations for the work?

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

Signature of Client _____ Date _____



Client Application and Consent Form

I hereby apply to receive Rolfing Structural Integration and/or Biodynamic Craniosacral Therapy.

I fully understand that the purpose of Rolfing 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 manipulation and education so that greater economy and freedom of body movement are achieved. However, I understand that the Rolfing Practitioner makes no warranties or guarantees regarding the results of the Rolfing process.

I understand 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 the Rolfer should be misconstrued to be such.

I understand it is necessary for the Rolfer to physically contact my body in order to assist me in establishing balance and alignment in the body.

I give **Benjamin Eli Eichenauer, Certified Advanced Rolfer** my permission and consent to do all those things necessary in helping me establish balance and alignment including physically contacting my body. I give the Rolfing Practitioner full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. I understand that I may at any time revoke such consent and license and terminate and discontinue the process of Rolfing.

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.

24 Hour Cancellation & Late Arrival Policies

All cancellations must be done at least 24 business hours before the scheduled appointment time to avoid the cancellation fee. Monday appointments must be cancelled on Friday (24 business hours in advance). Session start and end times are firm. Please arrive on time for your scheduled appointment.

Cancellation Fee: \$85

Help keep scheduling accessible and convenient for all.
Thank you for your mindfulness.

Signature of Client

Date