Rolfing® Structural Integration
Visceral Manipulation
Cranial Manipulation
Manual Therapy

Allan Kaplan
Certified Advanced Rolfer®
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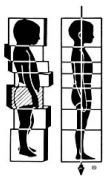

Name	Height	Weight
Address	DOB	Age
City/State/Zip	Occupation	
Home Phone	Work phone	
Cell Phone	Email	

Please respond to all items. If you answer YES, please elaborate specifically in the comment section below.

1. Currently receiving medical treatment	☐ Yes ☐ No	11. Osteomyelitis	☐ Yes ☐ No
2. Heart condition	☐ Yes ☐ No	12. Hemophilia	☐ Yes ☐ No
3. Thyroid condition	☐ Yes ☐ No	13. Major illness/hospitalization/medical condition	☐ Yes ☐ No
4. Cancer	☐ Yes ☐ No	14. Major injury/broken bones/accidents	☐ Yes ☐ No
5. Diabetes	☐ Yes ☐ No	15. Surgery	☐ Yes ☐ No
6. Arthritis	☐ Yes ☐ No	16. Chronic body discomfort	☐ Yes ☐ No
7. Epilepsy/convulsions	☐ Yes ☐ No	17. Contact lenses	☐ Yes ☐ No
8. Phlebitis	☐ Yes ☐ No	18. Dentures/bridge/braces/major dental work	☐ Yes ☐ No
9. High/low blood pressure	☐ Yes ☐ No	19. Concussions/head injuries	☐ Yes ☐ No
10. Osteoporosis	☐ Yes ☐ No	20. Car accidents/falls/impacts	☐ Yes ☐ No

Previous Rolfing? ☐ Y ☐ N Chiropractic? ☐ Y ☐ N Osteopathy? ☐ Y ☐ N Cranial work? ☐ Y ☐ N Visceral work? ☐ Y ☐ N

Women: 21. IUD? ☐ Y ☐ N 22. Pregnant? ☐ Y ☐ N 23. Difficult pregnancies? ☐ Y ☐ N 24. Cesarians? ☐ Y ☐ N 25. Terminations? ☐ Y ☐ N

COMMENTS (please reference from number) **and GOALS/OBJECTIVES**:

CONSENT:
I understand that the purpose of Rolfing is to balance and align the physical body so that it is supported and maintained by gravity in space. This is done through tissue manipulation and education so that greater economy and freedom of movement is 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.
I understand that the Rolfer does not treat, prescribe, or diagnose and 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 my body. I give the Rolfer my permission and consent to do 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 goal of Rolfing.

CANCELLATION AGREEMENT:
In the event that Client does not give a full 24 hours' notice of cancellation, Client is liable for the full session fee.
Likewise, if Rolfer cancels without adequate notice, Rolfer owes the client a free session. Exceptions to this policy will be considered on a case-by-case basis.

Client Signature: Date: