



Roling Vermont
Robert Rex, Certified Rolfer[®], (802) 865-4770

HEALTH QUESTIONNAIRE - PLEASE PRINT CLEARLY

Name _____ Date _____
Address _____ Weight _____
_____ Height _____
Phone (h)_____ (w)_____ Date of Birth _____
Occupation _____ Email _____

Do you have any of the following conditions/illnesses/problems? Circle (Y) for yes or (N) for no

- | | | | |
|----------------------------------|-----|------------------------------------|-----|
| 1. Heart Condition | Y N | 12. Respiratory Problems | Y N |
| 2. High/Low Blood Pressure | Y N | 13. Eliminary Problems | Y N |
| 3. Hemophilia (blood disorder) | Y N | 14. Circulatory Problems | Y N |
| 4. Diabetes | Y N | 15. Digestive Problems | Y N |
| 5. Cancer | Y N | 16. Contact Lenses | Y N |
| 6. Convulsions | Y N | 17. Dentures/Removable Bridge | Y N |
| 7. Thyroid Problems | Y N | 18. I.U.D. | Y N |
| 8. Osteoporosis (bone mass) | Y N | 19. Headaches/Migraines (circle 1) | Y N |
| 9. Arthritis | Y N | 20. Knocked unconscious (explain) | Y N |
| 10. Osteomyelitis (bone disease) | Y N | 21. Other, explain below | Y N |
| 11. Phlebitis | Y N | _____ | |

20. Are you presently under the care of a medical physician/chiropractor/therapist? Y N

If yes, for what? _____

If not, date of last physical _____

What medications have you taken in the past 6 months? _____

21. Do you have any chronic bodily discomfort? _____

22. What is your current exercise program and diet? _____

23. What is your previous bodywork/massage experience, including how frequent?

24. How is sleep? _____

25. Do you drink caffeine, what kind? _____

26. Do you smoke, what kind, how often? _____

27. Please list your history of accidents, broken bones, any and all scars throughout your life:

No	Year	Description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

28. What do you hope to gain from Rolfing®?

29. How did you learn about Rolfing®? _____

I certify that the above information is true and accurate to the best of my knowledge.
 I hereby apply for a standard series of processing in Rolfing (structural integration). I fully understand 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.
 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 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 Robert Rex 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.

 Signature of Client Date

 Signature of Client or Guardian if under 18 yr. of age Date

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