

ROSE SHER Rolf Practitioner
BODYWORK & TRAUMA HEALING

CLIENT INFORMATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work # _____ Cell # _____

Email _____ Occupation _____

Birthday _____ Ht _____ Wt _____ Age _____

Referred By _____

Are you currently under medical care? If yes, please explain: _____

_____ Doctor's Name _____

Please list any Surgeries, Accidents or Injuries:
(Use other side if necessary)

When?

_____	_____
_____	_____
_____	_____
_____	_____

Have you ever had previous bodywork? What? _____

Are you currently doing any physical activity? Please explain: _____

Reason for visit: _____

The Practitioner of Structural Integration does not treat, prescribe or diagnose an illness, disease or other physical or mental disorder. Structural Integration does not substitute for medical treatment or diagnosis when such attention is needed. Any suggestions made during my visit are only recommendations, not prescriptions.

PLEASE GIVE 24 HOURS NOTICE OF CANCELLATION OR FULL PAYMENT IS DUE.

Signature_____Date_____