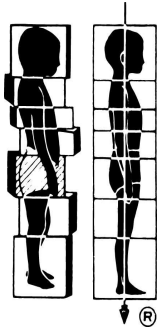


Confidential Health Intake Form



Lauri Rowell, Certified Rolfer

Licensed Massage, Bodywork Therapist SC 12435

Board Certified Structural Integration Therapist

Contact Information

Please Print Clearly

Name: _____

Phone: _____

Email: _____

Circle Preferred Method of Communication: Email Text Phone Call

Emergency Contact Name: _____

Phone: _____

Personal Information

Have you ever received Rolfering or any other form of massage or manual therapy?

(Circle One) Yes No

Are you currently under the care of a physician, chiropractor, physical therapist or any other medical professional?

(Circle One) Yes No

If yes, please explain. _____

Are you currently taking any prescription medications?

(Circle One) Yes No

If yes, please list medication and condition it is treating. _____

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Health History

Age: _____

Circle any of the following health conditions that you are currently experiencing or have ever experienced.

Low Back Pain	Cancer	Numbness/Tingling	Car Accident
Arthritis/Joint Pain	Dizziness/Vertigo	Bruise easily	Falls
Headaches/Migraines	Stress/Trauma	Cardiac issues	High or Low Blood Pressure
Chronic Pain	Allergies	Stroke/Heart Attack	Open Wounds/Sores
Spinal Disc Dysfunction	Asthma	Epilepsy/Seizures	Surgery
Thyroid Dysfunction	Shortness of Breath	Neurological Disorder	Panic Attacks
Broken Bones	Osteoporosis	Auto Immune Disease	Anxiety
Sensitive to Touch/Pressure	Scoliosis	Tendonitis	Emotional Health Issues
Blood Clots	Fibromyalgia	Kidney Infection	Mental Health Issues
Diabetes	Skin Conditions	TMJ	Other:
Covid 19	Digestive Issues	Pregnancy	

Briefly describe your current symptoms that brought you here today and any other information you feel is important for me to know.

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Consent for Treatment

I understand that Rolf Structural Integration is a form of manual therapy that requires the Rolfer, Lauri Rowell, to touch my body and for ask for movement as needed to facilitate manipulation of fascia and connective tissue in order to improve functional movement, balance and ease in my body. If I experience any pain or discomfort during the session, I will immediately inform Lauri so the pressure may be adjusted to my level of comfort. I understand that Lauri is a Structural Integration professional and is not qualified to perform spinal adjustments, diagnose or treat any physical or mental illness. I affirm that I have stated all my known medical conditions and answered questions honestly and in addition will keep Lauri updated to any changes in my medical profile. I understand this is important as manual therapy should not be performed under certain medical conditions. I understand that at any time I may revoke my consent and discontinue any session or future sessions without penalty

Client's Signature: _____

Today's Date: ___/___/____