

Rolfing® Memphis
Jola Carrick, R.N. Certified Rolfer®
 901-277-9525
 5341 Estate Office Dr #2
 Memphis, TN 38119

Client Intake

Contact Information

Name: _____ Sex: M / F (circle one)

Address: _____ Height: _____

_____ Weight: _____

DOB: _____

Phone (best to reach you): _____ Email: _____

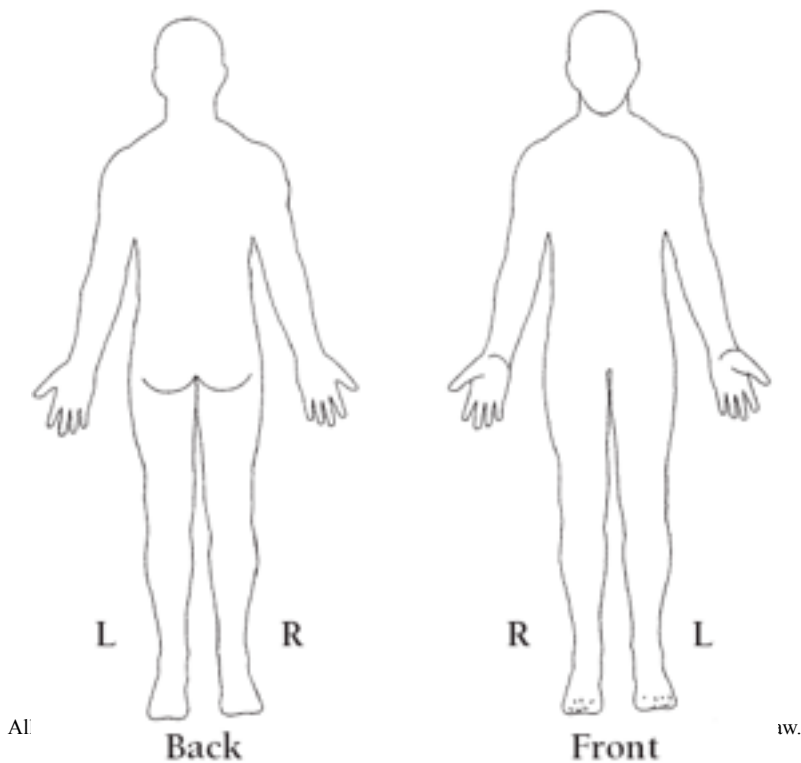
Occupation: _____

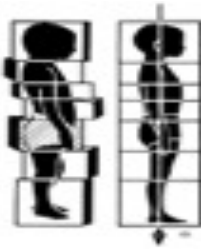
Emergency Contact Name and Phone: _____

Primary Care Physician and Phone: _____

What do you hope to gain from Rolfing®?

Please note any areas of discomfort, pain, or concern by marking the diagram below.





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Medical History

Check any or all that apply to your present health:

- | | | |
|--|---|--|
| <input type="checkbox"/> cancer | <input type="checkbox"/> acute inflammation | <input type="checkbox"/> infections |
| <input type="checkbox"/> herpes | <input type="checkbox"/> autoimmune disease | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> lupus | <input type="checkbox"/> blood clots |
| <input type="checkbox"/> skin problems | <input type="checkbox"/> sinus problems | <input type="checkbox"/> numbness/tingling |
| <input type="checkbox"/> jaw pain/teeth grinding | <input type="checkbox"/> sprains/strains | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> scoliosis | <input type="checkbox"/> cancer/tumors |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> edema | <input type="checkbox"/> high/low blood pressure |
| <input type="checkbox"/> ruptured discs | <input type="checkbox"/> atherosclerosis | |

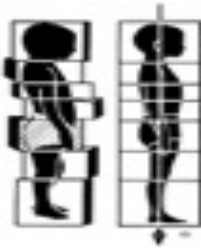
Women only: Pregnant Plans to become pregnant Endometriosis Painful periods

Men only: Prostate problems

Allergies: _____

Please list any other medical conditions you have that are not listed above:

List major injuries or traumas that you think may have relevance to the current state of your body (e.g. concussions, broken bones, accidents, etc.):



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List all medications/herbs/vitamins and dosage that you are currently taking:

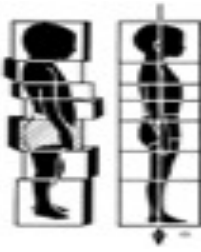
List previous major surgeries:

Planned or scheduled surgeries:

What other treatments are you receiving (massage, acupuncture, physical therapy, chiropractic, naturopathic, etc.)?

Typically how many hours a day are you:

Sitting? _____ Typing or using a computer? _____
On the phone? _____ Standing? _____



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List physical activities you participate in regularly:

I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes.

Signature: _____

Date: _____

Rolfing® Memphis Policy Guide and Agreement

SESSION LAYOUT

Each session is a continuous interaction between client and practitioner. Clients are often asked for feedback on the sensations in their bodies as well as to perform basic diagnostic movements on the table and off to assess and address restrictions. Because of the dynamic nature of sessions, it is beneficial for clients to wear only their undergarments. Clients for whom this is uncomfortable often choose to wear exercise shorts or bathing suits. In any event, clients are encouraged to wear whatever will keep them comfortable while walking, sitting, lying down, and receiving bodywork.

APPOINTMENTS AND CANCELLATIONS

Please be on time for your appointment. If you are late, your session will continue to the scheduled end time only. Should you miss an appointment (no call, no show), cancel or reschedule an appointment with **less than 24 hours notice, you will be responsible for payment of the missed appointment.** New appointments will only be scheduled once the missed or late rescheduled appointment is paid. Clients who chronically violate the cancellation policy will be required to pay for their sessions in advance. Call 901-277-9525. Initial_____

REFERRALS

If you are experiencing a condition that contraindicates Rolfing®, you may be referred to another appropriate healthcare provider. This practitioner does not diagnose, prescribe drugs, or give advice to clients regarding their medical conditions. In addition, this practitioner does not accept or offer remuneration of any kind in connection with referrals.

I have read and understood the Policy Guide and agree to abide by the terms found therein.

Signature: _____

Date: _____

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I have read and understood the Policy Guide and agree to abide by the terms found therein.

Signature: PLEASE KEEP FOR YOUR RECORDS

Date: _____