

Date: _____

BENJAMIN EICHENAUER, CR

New Client Intake Form
ROLFING® Structural Integration

Please print clearly

Name: _____ Birth Date: _____
 Address: _____ Height: _____
 Phone: (H) _____ (W) _____ (C) _____ Weight: _____
 Email: _____ Occupation: _____

Do you have or have you ever had any of the following conditions / illnesses / problems? Circle "Y" for yes or "N" for no.

Heart Condition	Y	N	Digestive Problems	Y	N
High/Low BP	Y	N	Eye, ear, nose, throat disorder	Y	N
Hemophilia	Y	N	Contagious or communicable disorders	Y	N
Diabetes	Y	N	Disability of feet, ankles, knees, hips, or back	Y	N
Cancer	Y	N	Pain, numbness and/or tingling in limbs	Y	N
Convulsions	Y	N	Chronic bodily discomfort	Y	N
Thyroid Problems	Y	N	Chest pain during exertion	Y	N
Osteoporosis	Y	N	Excessive tiredness	Y	N
Arthritis	Y	N	Illness or injury at the present time	Y	N
Osteomyelitis	Y	N	Contact Lenses	Y	N
Phlebitis	Y	N	Dentures / Removable Bridge / Braces	Y	N
Respiratory Problems	Y	N	I.U.D.	Y	N
Eliminatory Problems	Y	N	Currently pregnant	Y	N
Circulatory Problems	Y	N	Other:		

Please elaborate on any Yes answers:

Please list any past injuries, accidents, surgeries and/or serious illnesses.

Dates:	Area(s) Affected:	Treatment(s):

Are you currently under the care of a physician / chiropractor / therapist? Y / N If yes, for what? _____
 Does she/he approve of you being Rolfed? Y / N Date of last physical: _____

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

What is your current exercise program and diet? _____ Caffeine? Y / N Smoke? Y / N

How did you find out about Rolfing and about me as a practitioner? _____

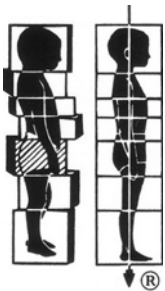
What is your previous bodywork experience? _____

Why do you want to receive Rolfing and what are your expectations for the work?

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Client

Date



BENJAMIN EICHENAUER, CR

New Client Application And Consent

ROLFING® Structural Integration

I hereby apply to receive Rolfing structural integration.

I fully understand that 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. However, I understand that the Rolfing Practitioner makes no warranties or guarantees regarding the results of the Rolfing process.

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 the Rolfer should be misconstrued to be such.

I understand it is necessary for the Rolfer to physically contact my body in order to assist me in establishing balance and alignment in the body.

I give BENJAMIN EICHENAUER, Certified Rolfer my permission and consent to do all those things necessary in helping me establish balance and alignment including physically contacting my body. I give the Rolfing Practitioner full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. I understand that I may at any time revoke such consent and license and terminate and discontinue the process of Rolfing.

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.

APPOINTMENT & CANCELLATION POLICY

I understand that the Rolfing Practitioner agrees to perform Rolfing during my scheduled appointment time only. I understand that if I am late for an appointment it may not be possible to change the ending time of the session but I will still be responsible for payment in full of the scheduled session. Furthermore, I agree to give notice of cancellation at least 24 hours in advance of my appointment. If I do not give such notice then I assume responsibility for payment in full of the scheduled session. Exceptions may be made at the discretion of the Rolfer in the case of unforeseen illness or emergencies.

Signature of Client

Date