

New Client Intake Form  
 Rolwing® Portland Oregon, LLC

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Height: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 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 list any past injuries, accidents, surgeries and/or serious illnesses. Use additional space if necessary.

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

Are you currently under the care of other health care providers? Y / N Does s/he approve of you being Rolfed? Y / N

What kind of provider(s)? (MD, LMT, ND, LAc, etc.) \_\_\_\_\_ Date of last physical: \_\_\_\_\_

What medications have you taken in the past 6 months? \_\_\_\_\_

What is your previous bodywork experience? \_\_\_\_\_

What physical activities do you do? \_\_\_\_\_

What does a typical day look like for you? \_\_\_\_\_

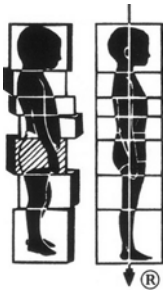
How did you find me? \_\_\_\_\_

Why do you want to receive Rolwing 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



## Client Application and Consent Form

Rolwing® Portland Oregon, LLC

---

I hereby apply to receive Rolwing structural integration.

I fully understand that the purpose of Rolwing 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 Rolwing Practitioner makes no warranties or guarantees regarding the results of the Rolwing process.

I understand Rolwing 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 Rolwing 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 Rolwing.

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 Rolwing.

### 24 Hour Cancellation & Late Arrival Policy

---

All cancellations must be done at least 24 business hours before the scheduled appointment time to avoid the cancellation fee. Monday appointments must be cancelled on Friday (24 business hours in advance). Session start and end times are firm. Please arrive on time for your scheduled appointment.

Cancellation Fee: \$65

Help keep scheduling accessible and convenient for all.  
Thank you for your mindfulness.

---

Signature of Client

---

Date