



Rolfing® Associates of the Triad
APPLICATION AND CONSENT
Structural Integration

I fully understand the purpose of structural integration 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.

I understand structural integration 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 done or said by a Rolfer should be misconstrued to be such.

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

I give **Rolfing Associates** my permission and consent to do all those things necessary in helping me establish balance and alignment, including but not limited to touching my body. I give the Rolfer full privilege and license to work on my body in such a way to restore and establish balance and alignment therein.

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 structural integration.

Date: _____

Applicant's Signature

Rolfing® Associates of the Triad

HEALTH QUESTIONNAIRE

Name _____ Referred By _____

Address _____ City _____ Zip _____

Phone (wk) _____ (hm) _____ Cell _____

E-mail _____ Occupation _____

DOB ___/___/___ Height _____ Weight _____ Age _____

Do you have or have you ever had any of the following? Check those that apply:

- | | |
|-----------------------------------|-------------------------------------|
| _____ Heart Condition | _____ Whiplash |
| _____ Cancer | _____ Chiropractic care |
| _____ Convulsions | _____ Scoliosis |
| _____ Phlebitis or hemophilia | _____ Orthopedic braces or shoes |
| _____ Pregnancy or abortion | _____ Degenerative joint disease |
| _____ Kidney or urinary problems | _____ Hernias |
| _____ Ulcer or digestive disorder | _____ Osteoporosis or osteomyelitis |
| _____ Thyroid problems | _____ Surgical pins/plates |
| _____ Diabetes | _____ T.M.J. syndrome |
| _____ High or low blood pressure | _____ Cosmetic surgery |
| _____ Respiratory disorder | _____ Chronic or recurrent pain |
| _____ Sinus problems | _____ Headaches |
| _____ Hepatitis | _____ Arthritis |
| _____ HIV | _____ Fibromyalgia |

Please describe any broken bones or major sprains: _____

Describe any major injuries, illnesses, or accidents: _____

List any surgeries that you've had: _____

List any medications you have taken during the last six months:

Are you being treated by a medical or chiropractic doctor? _____

For what condition? _____

Are you currently in psychological therapy? _____

Have you ever been physically or sexually abused, or mugged? _____

Where do you hurt? _____

Are you pregnant? _____ Do you have an I.U.D. ? _____

Are there any activities from which you are restricted? _____

What kind of exercise do you do regularly? How many hours per week?

Are you or have you ever been involved in any self-improvement programs (yoga, est, Silva, tai chi, holistic health classes, therapy, counseling, Landmark Education, etc)?

What other types of bodywork have you had? _____

How frequently? _____

What would you like to receive from these Rolwing® sessions?

CANCELLATION POLICY

Due to the large amount of time that must be blocked out for each appointment, it is necessary to require 24 hours notice of all cancellations, or the full fee will be charged.

I certify that the above stated information is true and accurate to the best of my knowledge. I agree to keep my appointments in a timely manner.

Signature

Rolfing® Associates of the Triad

NEW CANCELLATION POLICY

EFFECTIVE IMMEDIATELY

I understand that by scheduling an appointment with Rolfing® Associates of the Triad, I am entering into a contract to appear at a mutually agreed upon time. The time is reserved for me. If anyone else asks for that time they will be denied it. If I cancel my appointment, Rolfing® Associates may or may not be able to fill the time slot, depending on the amount of notice given.

Any appointment missed or cancelled, for any reason, with less than four (4) hours notice will be charged the FULL fee.

Any appointment cancelled, for any reason, with more than four (4) hours, but less than twenty-four (24) hours notice will be charged a \$45 fee.

We may or may not give you a courtesy call to remind you of your appointment. Your agreement to keep your appointment is not contingent upon our reminding you.

I have read the above and understand and accept the conditions described.

Signed: _____ **Date:** _____

Rolfing® Associates of Triad
515 College Rd. Suite 16
Greensboro, NC 27410
336-852-7315

Office Policy

Please keep for your records

Payment is due at the time the service is rendered. We accept cash, checks, and credit cards. Our returned check fee is \$20.

We have found it impossible to run our office without an enforceable cancellation policy. A copy of the cancellation policy is below. This policy is as generous as we can make it.

Session length is approximately 60 minutes. Please be prompt.

Traditional dress for men during your Rolfing® session is either a pair of briefs or running shorts. Boxers, biking shorts, long gym shorts, or shorts with zippers or pockets are difficult to work with and are not recommended. We have running shorts to loan you if needed.

Traditional dress for women during your Rolfing® session is underpants and bra or running shorts and a bra or tube top. Sports bras or bras with racer backs are difficult to work with; biking shorts, long gym shorts, or shorts with zippers or pockets are difficult to work with and are not recommended. We have loaners available.

Thank you for your patronage. If at any time you have questions about Rolfing® structural integration, please call. We are committed to both your health and well-being and your satisfaction as a customer of Rolfing® Associates of the Triad.

Cancellation Policy

Please retain for your records

Any appointment missed or cancelled, for any reason,
with **less than four (4) hours** notice will be charged the **FULL fee.**

Any appointment cancelled, for any reason,
with **more than four (4) hours, but less than twenty-four (24) hours**
will be charged a **\$45 fee.**

We may or may not give you a courtesy call to remind you of your appointment. Your agreement to keep your appointment is not contingent upon our reminding you.