

DeepRoots Bodywork
5004 Spruce Drive, Fayetteville, NC 28304
www.DeepRootsmassage.com

Name _____ Phone (c) _____ (h) _____

Email _____ May we contact you via phone/email? **Y N**

Address _____ Zipcode _____

Date of Birth _____ Who referred you to **DeepRoots**? _____

What type of bodywork have you received? _____

Are you under the care of a physician? **Y N For what condition?** _____

Are you on any medication prescribed by a physician? **Please list:** _____

Do you have or have you ever had any of the following conditions / illnesses / problems?

Circle "Y" for yes or "N" for no.

High Blood Pressure	Y	N	Diabetes	Y	N
Heart Conditions	Y	N	Respiratory Disorder	Y	N
Arthritis	Y	N	Asthma	Y	N
Osteoporosis	Y	N	Epilepsy	Y	N
Ulcer/Digestive Disorder	Y	N	Skin Conditions	Y	N
Cancer	Y	N	Chronic Pain	Y	N
Pregnancy	Y	N	Broken Bones	Y	N
Surgeries	Y	N	Numbness/Tingling	Y	N
Dental Work	Y	N	Allergies	Y	N

Please elaborate on any **YES** answers to the history above: _____

What does a typical day look like for you?

What are your expectations for our work together today?

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

Signature

Date

Client Application and Consent Form

- I hereby apply to receive Rolfing® and/or KMI Structural Integration sessions. These sessions may include components of other modalities your therapist is trained in such as: Myofascial release, Cranio-Sacral, Visceral Manipulation and other modalities as deemed necessary by your therapist during the session.
- I fully understand that the purpose of the Rolfing and Structural Integration Sessions are 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 Therapist makes no warranties or guarantees regarding the results of the Rolfing and Structural Integration process.
- I understand Rolfing and Structural Integrations sessions are 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 Therapist 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 Therapist should be misconstrued to be such.
- I understand it is necessary for the Therapist to physically contact my body in order to assist me in establishing balance and alignment in the body.
- 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.
- 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 of \$20.00 upon second missed appointment. Therapist has the right to cancel remaining sessions for continuous tardiness or missed appointments.**

Signature of Client

Date