



Rolfing® Structural Integration Free Children's Clinic

Intake Form and Consent

Today's Date: _____

Child's Name: _____

Birthdate: _____

Parent's Name: _____

Phone: (H) _____ (W) _____

Address: _____

(Cell) _____

_____ Zip: _____

Email: _____

Have you ever had any of the following conditions or problems? Be descriptive if appropriate.

Birth/congenital problems

Headaches

Bedwetting/urination problems

Heart condition

Behavioral/emotional concerns

Hemophilia

Convulsions

Respiratory problems

Diabetes

Sinus/tonsil infections

Digestive problems

Skeletal problems

Ear infections

Movement problems

Eye/vision problems

Other _____

Is your child presently under the care of a medical physician/chiropractor/therapist? _____

If yes, for what? _____ Previous bodywork? _____

Medications in the past six months _____

Injuries, accidents and surgeries:

What would you like your child to gain from Rolfing®?

How did you hear about Rolfing and this Children's Clinic? _____

I understand the purpose of Rolfing 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 movement of the body connective tissue (fascia) and education so that greater economy and freedom of body movement is achieved. However, I understand that The Rolf Institute and the Rolfing Practitioner make no warranties or guarantees regarding the results of the Rolfing process upon my child.

I understand that Rolfing is not involved with the treatment of disease, illness, or disorders of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. Likewise, the Rolfing Practitioner does not diagnose or treat any illness, disease or other physical or mental disorder of the person, and nothing said or done by the Rolfing Practitioner should be misconstrued to be such.

I understand that it is necessary for the Rolfing Practitioner to physically contact my child's body in order to assist in establishing balance and alignment. I give my consent and license to physically contact my child's body in order to help establish balance and body alignment, including but not limited to touching, pressing and moving my child's body.

I understand that I may at any time revoke such consent and license and discontinue the process of Rolfing.

Signature (Parent or Guardian)

Date

Practitioner name _____ (Clinic use only)