



Integrity Bodywork LLC

Rolfing® Structural Integration and Therapeutic Bodywork Health Intake Form

This form is used as a guideline for further discussion about your general health and wellbeing.

Name _____ DOB _____ Height _____ Weight _____

Phone number _____ Email _____ Occupation _____

What is your reason for seeking treatment at Integrity Bodywork? _____

Name 3 goals that you would like to achieve in your session/series _____

If you could wave a magic wand to change one thing about your body, what would it be? _____

What physical activities do you do often? (ie. work on a computer, yoga, stand at work all day) _____

What physical activities are important to you? (ie. playing ball with my kids, hiking, knitting) _____

Please describe any injuries, accidents, illnesses, or surgeries including approximate dates and treatments:

What medications are you currently taking? _____

Are you currently under the care of a medical physician, chiropractor, or other therapist? If so, please describe.

Are you currently in pain or discomfort? _____

What previous bodywork have you tried? _____

Where did you hear about Integrity bodywork LLC? _____

