

PERSONAL HISTORY FORM AND HEALTH QUESTIONNAIRE

Name.....

Address.....

Phone..... Mobile.....

Email.....

Date of Birth..... Height..... Weight.....

Have you ever received Roling sessions (whom and when)?.....

What other bodywork treatment have you had (what and when)?.....

Do you have any acute or chronic pains?.....

Have you had any fractures or operations?.....

Have you had, or are you having, psychotherapy or psychiatric treatment?.....

What illnesses have you had in the last 12 months?.....

What medication have you taken in the last 6 months?.....

Do you have or have you had any of the following: -

<input type="checkbox"/> Aneurysm	<input type="checkbox"/> Arthritis (R or O)	<input type="checkbox"/> Cancer
<input type="checkbox"/> Connective tissue disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Disc problems
<input type="checkbox"/> Epilepsy or Haemophilia	<input type="checkbox"/> Heart condition	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Impaired elimination conditions	<input type="checkbox"/> Joint problems	<input type="checkbox"/> Muscle cramps or nerve problems
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Stroke	<input type="checkbox"/> Varicose veins

For women (because of abdominal work):-

Do you wear a coil?.....

Are you pregnant (months)?.....

Do you wear contact lenses, hearing aid, dentures or a bridge?.....

What goals are you hoping to achieve with Rolfing?.....

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Privacy Notice

So that I can provide you with a safe and beneficial Rolfing session and contact you when required, the details you have provided to me will be most helpful to me. It is important that I gain your consent to me holding this information for you, which I will keep secure and private. I will not share your information with anyone else.

Please sign at the end of this form to confirm your consent.

I have completed the details I wish to give and consent to you holding and using it, in respect to my attending Rolfing sessions where you are the therapist.

Signed

Name

Date