



Health History Questionnaire

Name _____ Today's Date _____

Address _____ Height _____ Aprox Weight _____

City _____ State _____ Zip _____ Date of Birth _____

Phone h/w/cell _____ e-mail _____

Occupation: _____ Employer _____

Emergency Contact Name & Numbers _____

Activities/Hobbies/Sports _____

Are you now under the care of a physician or other health care provider _____ If so, for what conditions?

Please list any and all medications you are currently taking _____

Check all that apply:

- _____ Contact Lenses
- _____ Osteoporosis
- _____ Orthodontic Devices
- _____ Infections or Contagious Conditions
- _____ Varicose Veins
- _____ Digestive Problems
- _____ Circulatory Problems
- _____ Breathing Problems
- _____ Sinus Pain
- _____ Headaches
- _____ Ear Ringing/Tinnitus
- _____ Dizziness/Balance Problems
- _____ Numbness or Tingling

- _____ Arthritis (type) _____
- _____ Orthopedic Devices
- _____ TMJ problems
- _____ Repetitive Stress or Motion Problems
- Please Describe: _____
- _____ Carpal Tunnel Syndrome
- _____ Tendonitis or Bursitis
- _____ Fibromyalgia
- _____ Fatigue
- _____ Sleeping Problems/Sleep Apnea
- _____ Neuralgia/Neuritis
- _____ Scoliosis
- _____ Skin Conditions (please describe _____)

Please describe _____

_____ Chronic and/or Acute pain

_____ Thoracic Outlet Syndrome

If yes, please describe _____

Please describe any surgeries _____

Accidents, Injuries or illnesses? _____

Previous bodywork experience (massage, cranial/sacral, reiki, acupuncture etc) _____
Have you ever experienced Rolfing? _____ When was your last session?

Consent:

I understand the purpose of Rolfing is to balance and align the connective tissues of the body done through direct and indirect tissue manipulation, movement and education. I understand there are no guaranteed outcomes.

I understand that this process does not diagnose any disease, illness or ailment (physical or mental) and is not a substitute for medical treatment of such.

Signature _____ Date _____

24 HOURS NOTICE IS REQUIRED FOR CANCELLATION OF APPOINTMENT TO AVOID BEING CHARGED

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