Health Form

To enable us to prepare your sessions in the best possible way, please complete this questionnaire as soon as you receive it and return it to the European ROLFING® Association e.V.!

All information is voluntary!
For legal reasons, the form must be completed anew for each booking.

The data will only be used for internal purposes and will not be passed on to third parties.

1. Statement

Rolfing® sessions are not a substitute for medical treatment.

I have been informed, that out of legal reasons, in Rolfing® Sessions there will be no diagnosis or treatment of illness, physical damages or pains.

I am not expecting any healing influence on any illness.

I know that anytime, I can refer to medical practitioner.

I am not suffering from addictions or illnesses that could be dangerous for me or others and right know I am not undergoing any psychiatric treatment.

_____

Date, place and signature

Dr. Ida Rolf Institute® Europe

2. Personal Contact and Health Form

First- and Second name:

Adress, street, postcode, city:

phone: mobile:

email:

age: height: weight:

Did you ever receive Rolfing® sessions? (with whom, when and how many?)

Do you have chronic or acute pains?

Do you wear contact lenses, a denture or bridge?

Do you have experiences in psychotherapy or in other kinds of therapy/bodywork? (which?)

Which kind of medication did you take over the last 6 month (and – if known – what for)?

Which kind of operations or fractures have you had so far?

What serious illness have you had in the last 8 month? (Cancer should be healed at least 5 years)

Dr. Ida Rolf Institute® Europe

Do you have or did you have the following illness?

☐ heart conditions	☐ osteoporosis	☐ arthritis
☐ cancer	☐ variscos veins	☐ low/high bloodpressure thyroid
☐ haemophiliac	☐ joint paint	☐ condition
☐ tubercolosis	☐ cramps	☐ blood thinner
☐ diabetes	☐ disc/back problems	☐ others

What kind of sports are you doing on a regular basis?

Women (abdominal work)
Do you wear a coil? ☐ yes ☐ no
Are you pregnant? ☐ yes ☐ no

As many students / Rolfer are from foreign countries:
Do you speak any other languages? Which?
Your conversation level is 1 = fluent to 3 = medium?

english	other languages

_____

date, place and signature

Please send the health form to:

Andrea Nossem
modelle@rolfing.org