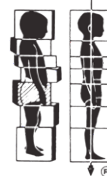


DIANA PHILLIPS, CERTIFIED ADVANCED ROLFER  
 1492 HIGHLAND AVE, #1  
 NEEDHAM, MA 02492  
 617-272-0170  
 DIANA@BOSTONROLFER.COM



NAME:		HEIGHT:	WEIGHT:
ADDRESS:		DOB:	AGE:
HOME #:	WORK#:	OCCUPATION:	
CELL PHONE #		EMAIL:	

**PLEASE RESPOND TO ALL ITEMS. IF YOU ANSWER YES, PLEASE ELABORATE SPECIFICALLY IN THE COMMENT SECTION BELOW.**

1. CURRENTLY RECEIVING MEDICAL TREATMENT	YES	NO	11. HEADACHES OR MIGRAINES	YES	NO
2. HEART CONDITION	YES	NO	12. NUMBNESS IN HANDS	YES	NO
3. THYROID CONDITION	YES	NO	13. MAJOR ILLNESS/HOSPITALIZATION/MEDICAL CONDITION	YES	NO
4. CANCER	YES	NO	14. MAJOR INJURY/BROKEN BONES/ACCIDENTS	YES	NO
5. DIABETES	YES	NO	15. SURGERY	YES	NO
6. ARTHRITIS	YES	NO	16. CHRONIC BODY DISCOMFORT	YES	NO
7. EPILEPSY/CONVULSIONS	YES	NO	17. TMJ SYNDROME	YES	NO
8. PHLEBITIS	YES	NO	18. DENTURE/BRACES/MAJOR DENTAL WORK	YES	NO
9. HIGH/LOW BLOOD PRESSURE	YES	NO	19. CONCUSSIONS/HEAD INJURIES	YES	NO
10. OSTEOPOROSIS	YES	NO	20. CAR ACCIDENTS/FALLS/IMPACTS	YES	NO

PREVIOUS ROLFING? Y N    CHIROPRACTIC? Y N    CRANIAL WORK? Y N    VEGETARIAN? Y N    VEGAN? Y N  
 WOMEN: 22. IUD? Y N    22. PREGNANT? Y N    23. DIFFICULT PREGNANCIES? Y N    24. C-SECTION? Y N

COMMENTS (PLEASE REFERENCE FROM NUMBER) AND GOALS/OBJECTIVES:

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**CONSENT:**  
 I UNDERSTAND THAT THE PURPOSE OF ROLFING IS TO BALANCE AND ALIGN THE PHYSICAL BODY SO THAT IT IS SUPPORTED AND MAINTAINED BY GRAVITY IN SPACE. THIS IS DONE THROUGH TISSUE MANIPULATION AND EDUCATION SO THAT GREATER ECONOMY AND FREEDOM OF MOVEMENT IS ACHIEVED. I UNDERSTAND THAT ROLFING IS NOT INVOLVED WITH THE TREATMENT OF DISEASE OF ANY KIND, NOR DOES IT SUBSTITUTE FOR MEDICAL DIAGNOSIS OR TREATMENT WHEN SUCH ATTENTION IS NEEDED. I UNDERSTAND THAT THE ROLFER DOES NOT TREAT, PRESCRIBE, OR DIAGNOSE AND ILLNESS, DISEASE, OR ANY OTHER PHYSICAL OR MENTAL DISORDER OF THE PERSON. NOTHING SAID OR DONE BY A ROLFER SHOULD BE MISCONSTRUED TO BE SUCH. I UNDERSTAND IT IS NECESSARY FOR THE ROLFER TO TOUCH MY BODY IN ORDER TO ASSIST ME IN ESTABLISHING BALANCE AND ALIGNMENT IN MY BODY. I GIVE THE ROLFER MY PERMISSION AND CONSENT TO DO THOSE THINGS NECESSARY IN HELPING ME ESTABLISH BALANCE AND ALIGNMENT, INCLUDING, BUT NOT LIMITED TO TOUCHING MY BODY. I GIVE THE ROLFER FULL PRIVILEGE AND LICENSE TO WORK ON MY BODY IN SUCH A WAY AS TO RESTORE AND ESTABLISH BALANCE AND ALIGNMENT THEREIN. FURTHERMORE, I UNDERSTAND THAT ANY RELIEF OF PHYSICAL OR EMOTIONAL SYMPTOMS IS COINCIDENTAL IN THE ORGANIZATION OF THE TOTAL HUMAN BEING AND IS NOT THE GOAL OF ROLFING.

**CANCELLATION AGREEMENT:**  
 IN THE EVENT THAT CLIENT DOES NOT GIVE A FULL 48 HOURS' NOTICE OF CANCELLATION, CLIENT IS LIABLE FOR THE FULL SESSION FEE. LIKewise, IF ROLFER CANCELS WITHOUT 48 HOURS' NOTICE, ROLFER OWES THE CLIENT A FREE SESSION.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_