

# MICHAEL VILAIN, CERTIFIED ADVANCED ROLFER™

66H NEWELL ROAD • PALO ALTO, CA 94303 • (650) 322-6755

EMAIL: rolfer@vilain.com URL: www.vilain.com

## HEALTH QUESTIONNAIRE

PLEASE PRINT CLEARLY. This is used as a guideline. There will be further discussion with your Rolfer.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Weight: \_\_\_\_\_  
\_\_\_\_\_ Height: \_\_\_\_\_  
Phones: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
\_\_\_\_\_ Gender: **M F**

Do you have or have you ever had any of the following conditions, illnesses, problems?  
Circle **YES** (Y) or **NO** (N). Be descriptive when appropriate.

- |                           |     |                              |     |
|---------------------------|-----|------------------------------|-----|
| 1 Heart Condition         | Y N | 11 Respiratory Problems      | Y N |
| 2 High/Low Blood Pressure | Y N | 12 Eliminatory Problems      | Y N |
| 3 Hemophilia              | Y N | 13 Circulatory Problems      | Y N |
| 4 Diabetes                | Y N | 14 Digestive Problems        | Y N |
| 5 Cancer                  | Y N | 15 Contact Lenses            | Y N |
| 6 Convulsions             | Y N | 16 Dentures/Removable Bridge | Y N |
| 7 Thyroid Problems        | Y N | 17 Orthodonture (Braces)     | Y N |
| 8 Osteoporosis            | Y N | 18 Other                     |     |
| 9 Arthritis               | Y N |                              |     |
| 10 Phlebitis              | Y N |                              |     |

19 Currently under the care of medical physician/chiropractor/therapist? (Y/N) Y N

If YES, for what? \_\_\_\_\_

If NO, date of last physical \_\_\_\_\_

What medication have you taken in the past 6 months? \_\_\_\_\_

20 Please describe any past injuries, accidents, and surgeries:

Dates	Area(s) Affected	Treatments

21 Do you have any areas of chronic bodily discomfort?

22 What is your current exercise program and diet?

24 What is your previous bodywork/massage experience, including how frequent: \_\_\_\_\_

Have you ever had Rolwing® Structure Integration work before? \_\_\_\_\_

If so, how many sessions?

25 What would you like to gain from the experience of this work?

26 How did you learn about Rolwing?

## IMPORTANT POLICIES

- All cancellations require 24 hours notice or the full session fee will be charged.
- If you have an illness, contact your Rolfer™ so a decision can be made about rescheduling your appointment.
- Payment in cash or a check is due in full at each session, unless prior arrangements have been made.
- Please advise your Rolfer if you need a receipt for insurance purposes prior to the start of the session.
- If you have any questions or concerns about your Rolfing process or what you are experiencing, please contact your Rolfer.

## APPLICATION & CONSENT FOR ROLFING®

I hereby apply for a standard series of processing in Rolfing Structural Integration and certify that the above information is true and accurate to the best of my knowledge.

I fully understand the purpose of Rolfing is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body movement are achieved.

I understand 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. The Rolfer does not treat, prescribe or diagnose an 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 the body. I understand that I, the client, have the right to refuse any portion of any session at any time. I understand that I, the client had the right to discontinue the session at any time for any reason.

I give Michael Vilain, Certified Advanced Rolfer, my permission and consent to do all 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 basic goal of Rolfing.

All records maintained by the Rolfer regarding the client below are confidential and will require prior written approval from the client to be released to anyone other than the client.

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Client Signature

Date

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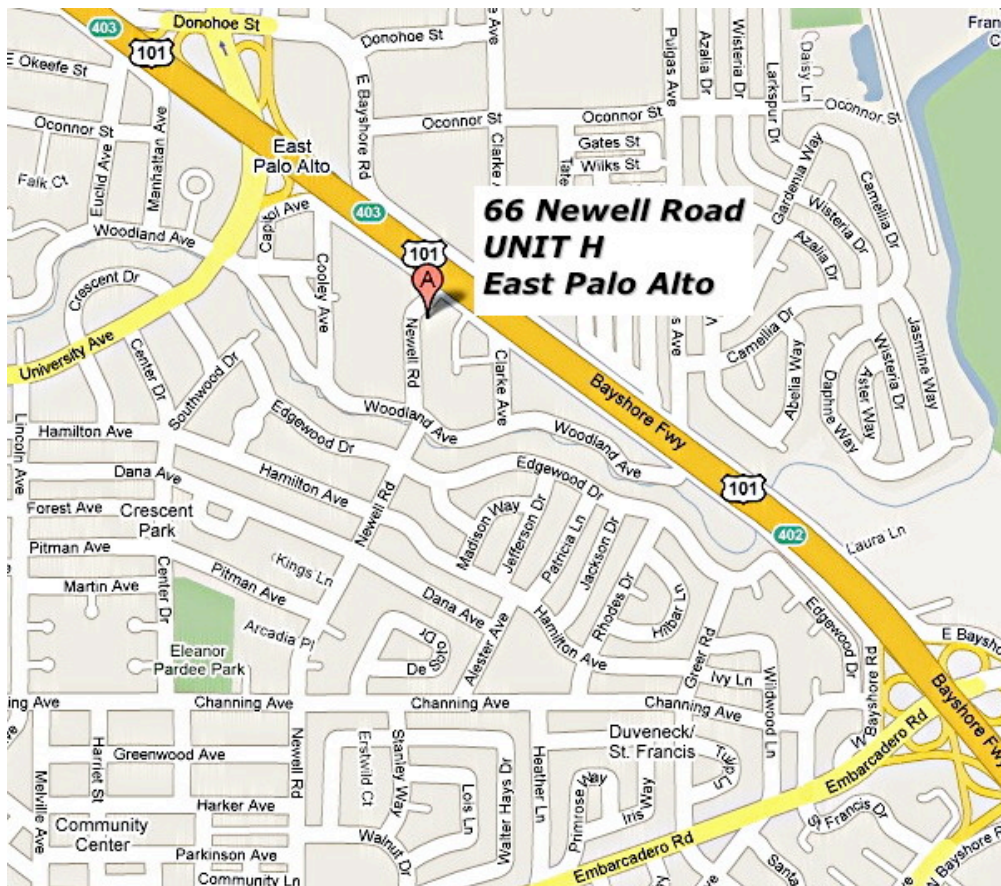
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## SUGGESTIONS

1. Arrange quiet time before and after each session to orient to the changes that are happening.
2. Consider parking your car a short distance from the office. At the end of the session, the walk back to your car gives you a chance to notice physical changes in walking and movement.
3. Use no body lotion, oil, or sun screen before a session.
4. Men should wear jockey-type underwear. Women should wear bra and underpants.
5. Wear your hair simply with minimal sprays or clips, using light make-up or none at all.
6. For your comfort, consider removing contact lenses, especially for the 7th session.
7. Please consult your Rolfer if you have questions about receiving massage or other bodywork during the series. Please, no DEEP TISSUE massage during the 10 session process.

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