

Name			Occupation
Address			Physician (if referred)
City	State	Zip	How did you hear about ActionPotential?
Have you had Rolfing or massage before? Comments:			
Home phone	Work phone		Email address

### IMPORTANT POLICIES

- ∞ If you feel sick or are showing symptoms, please text or call me at 919.451.6253 to reschedule. There will be no charge for late cancellations and rescheduling due to illness.
- ∞ The day before an appointment, you'll receive an email appointment reminder. If you do not receive a reminder, please text or call 919.451.6253 to make sure there isn't a scheduling snafu.
- ∞ Clients and practitioners are always masked unless therapeutic intervention requires mask removal.
- ∞ Upon entering, please remove your shoes and wash your hands.
- ∞ If you have any questions or concerns about anything at all, please text or call 919.451.6253 to discuss.

### CONSENT FOR ROLFING® STRUCTURAL INTEGRATION

I understand that the Rolfing Practitioner does not diagnose illness, disease or any other physical or mental disorder, nor does the therapist prescribe medical treatment or pharmaceuticals. Nothing said or done by the Rolfing Practitioner should be misconstrued to be such. It has been made clear to me that Rolfing is not a substitute for medical examination or diagnosis, and that it is recommended that I see a physician for any physical ailment that I might experience.

I fully understand that the purpose of Rolfing is to balance and align the physical body. This is done through direct manipulation and education so that greater economy and freedom of body movement are achieved. I give the Rolfing Practitioner 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 Rolfing Practitioner full privilege and license to work on my body in order to assist me in establishing balance and alignment therein.

Because the Rolfing Practitioner must be aware of any existing physical conditions, I have stated all known medical conditions, and I take it upon myself to keep the practitioner updated and aware of any conditions of my physical or mental health. With all this in mind, I agree to have Rolfing Structural Integration and hold the practitioner harmless for any problem that might seem to arise as a result of a therapy session.

If you have requested that your practitioner take photographs during the Rolfing sessions, any digital files, film, or video are the sole property of ActionPotential, Inc. I understand that these photographs will not be used for any public demonstrations, publications, or advertising either on paper or electronically or released to any person or organizations without my expressed written permission.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Health History

ActionPotential, Inc.

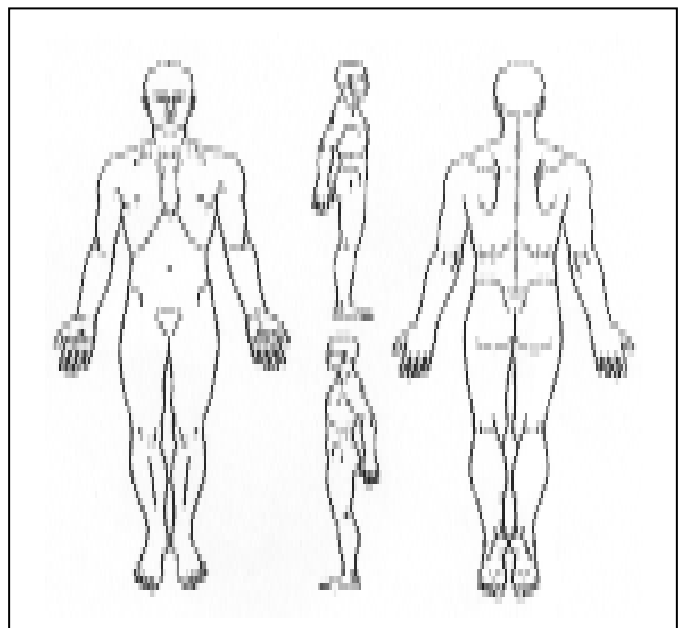
Name:	Date:	Gender: M F
Height:	Weight:	Date of Birth:

**Mark any condition you have or had in the past. If it's resolved, please note dates:**

MUSCULOSKELETAL		CIRCULATORY		INTEGUMENTARY	
Fibromyalgia		Anemia		Boils	
Arthritis (Osteo- or Rheumatoid?)		Thrombophlebitis		Fungal infections	
Osteoporosis		Heart disease		Herpes simplex	
TMJ dysfunction		High blood pressure		Warts	
Strains, sprains or tendinitis		Varicose veins		Eczema	
Carpal tunnel syndrome		Diabetes		Psoriasis	
Thoracic outlet syndrome		Clotting disorders		Skin cancer	
LYMPH, IMMUNE, URINARY		NERVOUS		DIGESTIVE	
Edema		Multiple sclerosis		Cirrhosis	
Hodgkin's disease		Peripheral neuropathy		Ulcerative colitis	
Cancer		Post polio syndrome		Diverticulosis	
AIDS, HIV		Headaches		Gallstones	
Chronic fatigue syndrome		Stroke		Hepatitis	
Lupus		Seizure disorders		Irritable bowel syndrome	
Kidney stone		Reduced sensation		Ulcers	
RESPIRATORY		REPRODUCTIVE		MEDICATIONS (CONT. ON BACK)	
Asthma		Endometriosis			
Emphysema		Ovarian cyst			
Sinusitis		Breast or Prostate cancer			
Tuberculosis		Are you pregnant?			
<b>DO YOU HAVE ANY OF THE FOLLOWING?</b>					
<input type="checkbox"/> Contact Lenses <input type="checkbox"/> Dentures/removable bridge <input type="checkbox"/> Orthodonture (braces) <input type="checkbox"/> I.U.D.					
<b>PATTERNS &amp; LIFE EVENTS: <i>Continue on back of page if needed</i></b>					
Do you experience chronic or cyclical pain? Cramping, spasms, soreness?					
List injuries, accidents, and surgeries (include dates & treatments):					

**Mark areas on diagram where you experience pain or discomfort. Are there specific concerns that you would like to address with Roling bodywork?**

**List your goals/expectations for this work:**



## WHAT TO WEAR

Most clients receive work in their underwear. Briefs are best for men (avoid loose boxers); traditional undergarments and bra work well for women. If you're not comfortable with this stage of undress, a two-piece bathing suit or a pair of short, cotton gym shorts are a good choice. We can work with a variety of clothing, just keep the following in mind:

- 💡 **You must be comfortable.** Unlike massage, you may be asked to stand up and walk around periodically.
- 💡 **Clothing should not pinch or bind.** If you can lie on the table and pull one knee to your chest without resistance, you're in good shape.
- 💡 **Clothing should allow us to view and work** your upper legs, mid-back, and neck.

## WHAT NOT TO WEAR

- 💡 **Fragrance.** Many of my clients are highly sensitive to smells, even pleasant ones. Sorry to ask, but please refrain from wearing perfume or cologne to sessions.
- 💡 **Moisturizers, lotion or oils.** Lotion on your skin makes it difficult to manipulate tissue layers effectively. The day of your session, it is helpful if you refrain from applying any type of moisturizer (or oil, especially) that does not completely absorb into your skin.

## WHEN YOU GET HERE

I see clients in my Rolfing studio in my home at: **5612 Frenchman's Creek Drive, Durham NC 27713**

**PLEASE PARK IN THE DRIVEWAY** behind either the bright blue Toyota Corolla Cross SUV or the teal Sonoma Pick-up. Please park far enough to one side that there's space for a second vehicle to park next to you. If you park on the street, please leave space around mailboxes so mailperson has drive-up access to mailboxes.

**I will meet you at the DOOR ON THE RIGHT SIDE OF THE HOUSE at your appointment time. You are welcome to wait on the deck if you're early. See you soon!**

## DIRECTIONS

This location is minutes from I-40, NC-55, NC-54, and RTP and the Streets at Southpoint Mall.

### If you're coming from I-40 ...

- Take the NC-55 exit (EXIT 278) toward NC-54 / APEX.
- At the bottom of the exit, turn RIGHT onto NC-55. (Go 1.1 miles)
- At a stoplight (opposite the CVS Drugstore), turn RIGHT onto SEDWICK DRIVE (Go .4 miles)
- Turn LEFT onto FRENCHMAN'S CREEK DRIVE and go to the end of the cul-de-sac.
- Look for the black mailbox on your left with #5612 on it. The house is a red two-story.