

Rolfing® Structural Integration Health Intake Form
Elias Limberopoulos - Certified Rolfer™

Please print clearly.

Note: This form is used as a guideline for further discussion about your general health and well-being.

Name _____ Date of Birth _____ Weight _____ Height _____

Occupation _____

Do you have or ever had any of the following conditions, illnesses or problems?

____ Heart condition ____ High blood pressure ____ Hemophilia ____ Diabetes

____ Respiratory problems ____ Low blood pressure ____ Convulsions ____ Cancer

____ Circulatory problems ____ Digestive problems ____ Other: _____

Please describe any of the above, including approximate dates of illness and treatment: _____

Are you currently under the care of a medical physician, chiropractor or other therapist? If yes, please describe: _____

What medication(s) have you taken during the last six months? _____

Please describe, including approximate dates, sites of injuries and treatments:

Past injuries _____

Past accidents _____

Past surgeries _____

Previous bodywork _____

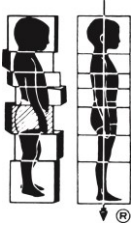
Exercise habits _____

What would you like to gain from Rolfing Structural Integration? _____

Where did you learn about Rolfing SI? _____

Please feel free to ask questions at any time during the process. Client communication is vital to the work.

Thank you for taking the time to fill out this questionnaire. It will remain confidential.



Rolfing® Structural Integration Client Financial Responsibility
Elias Limberopoulos - Certified Rolfer™

Client Name: _____ Date: _____

By choosing to participate in sessions, you are agreeing to the following **(please initial each statement)**

____ I agree to pay my FULL PAYMENT AT THE TIME OF SERVICE.

____ I acknowledge and understand that I AM SOLEY AND ULTIMATELY RESPONSIBLE for and all charges for professional services provided.

Cancellation/No-Show Policy:

There may be times when you miss an appointment due to emergencies or obligations to work or family. Please call Elias Limberopoulos at 773-627-2698 least 24-hours prior to your appointment time to cancel or reschedule your appointment. Any appointments cancelled within 24-hours will be charged in full.

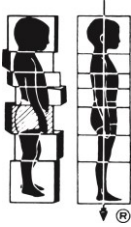
I have read the above policy regarding my financial responsibility for providing services to me. I certify that the information is, to the best of my knowledge, true and accurate.

Date: _____

Client or Legal Guardian Signature: _____

For child client, Legal Guardian Name: _____

The terms Rolfing®, Rolf Institute® and Rolfer™ and the Little Boy logo are service marks of the Rolf Institute of Structural Integration, and are only to be used by members in good standing with the Rolf Institute.



Rolfing® Structural Integration Application and Consent
To be completed by Client
Elias Limberopoulos - Certified Rolfer™

I, _____ (please print your name) hereby apply for a series of sessions in Rolfing Structural Integration.

I understand the purpose of Rolfing SI is to balance and restore the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct physical touch and body-centered education; balance and ease in the physical body are main goals of this work.

I further understand Rolfing SI is not involved with the treatment of disease of any kind; nor does it substitute for medical diagnosis or treatment when such attention is deemed necessary.

A Certified Rolfer™ does not treat, prescribe or diagnose illness, disease, any physical or other related ailment of the person seeking Rolfing SI. Nothing said or done by the below named Rolfer should be understood as counter to this statement.

I understand it is necessary for the Rolfer to touch my body in an appropriate manner in order to assist me in establishing balance and ease in my physical body.

I give _____ (please print Rolfer's name) my permission and consent to work with me in such a way as to restore and establish balance and ease in my physical body. I further understand that I may at any time revoke such permission and consent, and can choose to discontinue the session and series of Rolfing.

In addition, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not a basic goal of Rolfing Structural Integration.

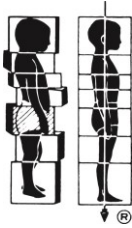
Date: _____

Client or Legal Guardian Signature: _____

For child client, Legal Guardian Name: _____

Email: _____ Phone: _____

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**Rolfing® Structural Integration Application and Consent
For Before and After Photos/Video of Structural Analysis
Elias Limberopoulos - Certified Rolfer™**

Client Name: _____ Date: _____

By choosing to participate in sessions, you are agreeing to the following **(please initial each statement)**

- ___ I agree to allow Elias Limberopoulos, Certified Rolfer™ to take structural analysis photos before we begin our work together in session one and another series of photos when our work together is completed. The structural analysis photos will include the following: standing front side, standing left side, standing right side, and standing back side.
- ___ I agree to allow Elias Limberopoulos, Certified Rolfer™ to take a video recording of a walking structural analysis before we begin our work together before session one and a video recording of a walking structural analysis after our work together is completed.
- ___ I agree to allow Elias Limberopoulos, Certified Rolfer™ to compile these photos for educational purposes which will be used in a book of clients who have been through a series of sessions with Elias showing the structural changes which happen through working together.
- ___ I acknowledge and understand the above statements.

Date: _____

Client or Legal Guardian Signature: _____

For child client, Legal Guardian Name: _____

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