



**Rolfing® Structural Integration**  
**Elias Limberopoulos - Certified Rolfer™ - 773-627-2698**  
**Physician/Healthcare Provider's Permission Form**

**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Permission Granted by**

Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

**Reason for Permission**

There is no reason to believe that Rolfing®, manual therapy or bodywork treatments will harm this patient's progress. However, please note the following considerations:

Description of condition:

Possible interactions with medications:

Special instructions:

Permission Granted by Physician/Health-Care Provider Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: Should you notice anything unusual or significant during treatment, please notify this office immediately. Otherwise, any update at the conclusion of care would be appreciated.