

DAN GENTRY – CERTIFIED ROLFER

HEALTH QUESTIONNAIRE

OFFICE 942-5100 CELL 818-5770

OFFICE POLICY

YOUR APPOINTMENT IS TIME THAT IS SET ASIDE ESPECIALLY FOR YOU. BECAUSE THERE IS A WAITING LIST OF PEOPLE WHO NEED TO GET IN, **A 48-HOUR CANCELLATION NOTICE IS REQUIRED.** IF THIS IS NOT HONORED THERE WILL BE A CHARGE FOR YOUR APPOINTMENT. PLEASE FEEL FREE TO CALL THE OFFICE OR MY CELL IF A CANCELLATION IS NECESSARY. THANK YOU IN ADVANCE FOR HELPING US RUN OUR OPERATION AS SMOOTHLY AS POSSIBLE.

NAME _____ DATE OF BIRTH _____

ADDRESS _____ SOC. SEC. # _____

CITY, STATE, ZIP _____ HOME PHONE _____

CELL PHONE NUMBER _____ E-MAIL ADDRESS _____

PLACE OF EMPLOYMENT _____ BUS. PHONE _____

ADDRESS, CITY, STATE, ZIP _____

EMERGENCY CONTACT (NAME, PHONE, RELATIONSHIP) _____

MEDICAL INFORMATION

HEIGHT _____ WEIGHT _____

DO YOU HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

- | | |
|-----------------------------------|----------------------------------|
| _____ HEART CONDITION | _____ FATIGUE |
| _____ CANCER | _____ STENOSIS |
| _____ ARTHRITIS | _____ THYROID PROBLEMS |
| _____ CONVULSIONS | _____ OSTEOPOROSIS |
| _____ PHLEBITIS | _____ OSTEOMYELITIS |
| _____ NIGHT SWEATS | _____ HIGH OR LOW BLOOD PRESSURE |
| _____ RAPID WEIGHT LOSS | _____ TENDINITIS |
| _____ BLOOD CLOTS | _____ HIV VIRUS OR AIDS |
| _____ DIABETES | _____ INDIGESTION |
| _____ COMPRESSED OR RUPTURED DISC | |

IF YES, PLEASE DESCRIBE _____

PLEASE LIST ANY OTHER PHYSICAL CONDITIONS NOT MENTIONED ABOVE _____

DO YOU WEAR CONTACT LENSES? _____ DENTURES/REMOVABLE BRIDGES? _____

WOMEN: DO YOU WEAR AN IUD? _____ ARE YOU PREGNANT? _____

HAVE YOU HAD ANY BROKEN BONES? _____ PLEASE DESCRIBE _____

HAVE YOU HAD ANY SURGERY? _____ BRIEFLY DESCRIBE _____

WHAT MEDICATION HAVE YOU TAKEN DURING THE LAST SIX MONTHS? _____

ARE YOU PRESENTLY BEING TREATED BY A MEDICAL DOCTOR? _____ IF YES,
BRIEFLY DESCRIBE _____

NAME & ADDRESS OF PHYSICIAN _____

ARE YOU PRESENTLY IN PSYCHOTHERAPY? _____

ARE YOU EXPERIENCING CHRONIC OR ACUTE DISCOMFORT? _____

IS THIS DISCOMFORT THE RESULT OF AN ACCIDENT? _____ IF YES,
PLEASE BRIEFLY DESCRIBE THE ACCIDENT.

WHAT WOULD YOU LIKE TO GET OUT OF ROLFING? _____

WHO MAY WE THANK FOR REFERRING YOU? _____

OTHER COMMENTS _____

TO THE BEST OF MY KNOWLEDGE THE ABOVE IS TRUE AND CORRECT.

SIGNATURE

DATE