Robin M. Graber, Certified Advanced Rolfer

(775) 690-0536 / www.robingraber.com
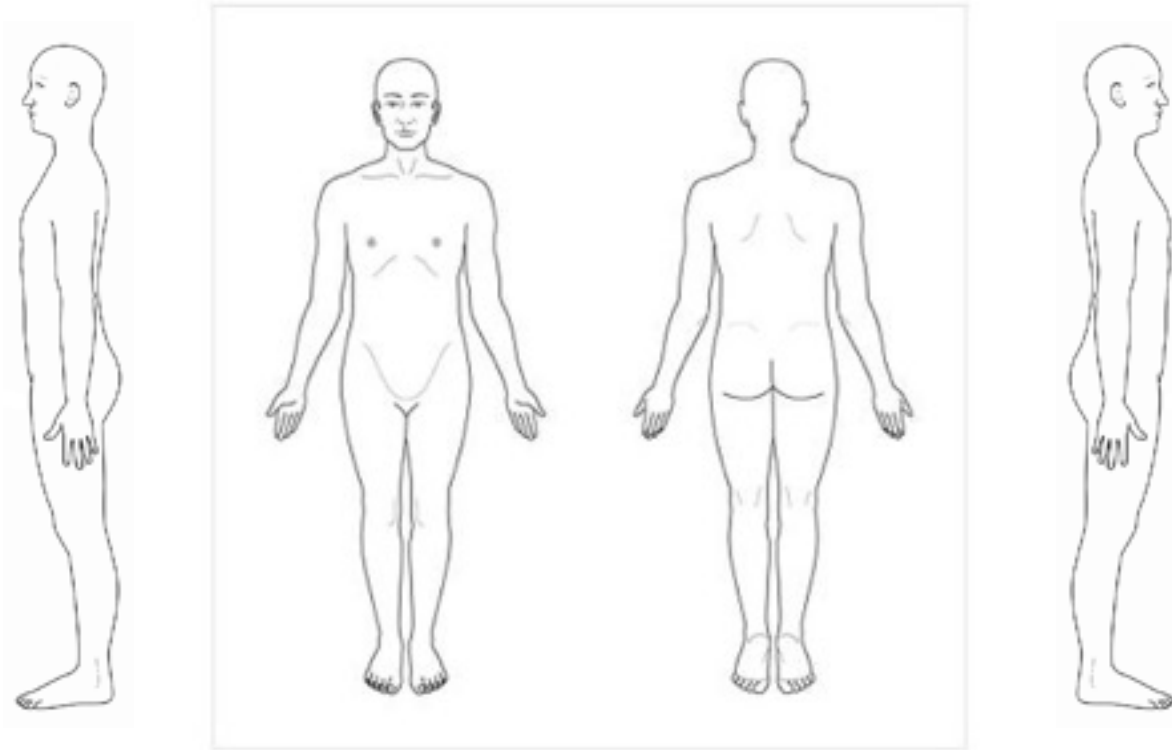
CLIENT INFORMATION

Name: _____Date:_____

Address:_____D.O.B._____

City/ST/ZIP:_____Occupation:_____

Phone: _____Email:_____Referred by:_____

CLIENT HEALTH

How does your body feel?_____

_____

Do you have any areas of chronic bodily discomfort? (Please use the diagram above to circle areas)_____

_____

Please describe any past injuries, accidents, surgeries._____

_____

_____

_____

Are you presently under the care of a medical physician/chiropractor/therapist? If yes, for what?_____

_____

What medication have you taken in the past 6 months:_____

_____

What are your physical activities and interests?_____

_____

What are your goals for this work?_____

_____

CLIENT AGREEMENT

I fully understand the purpose of Rolfing Structural Integration 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 is achieved.

Robin M. Graber does not diagnose illness, disease or any other physical or mental disorder and does not prescribe medical treatment or pharmaceuticals. I understand Rolfing Structural Integration is not a substitute for medical examinations and/or diagnosis and it is recommended that I see a physician for any physical ailment that is unclear.

Because the practitioner must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep Robin updated on my physical health.

I understand it is necessary for Robin M. Graber to touch my body in order to assist me in establishing balance and alignment in my body.

I give Robin my permission and consent to do all things necessary in helping me establish balance and alignment including, but not limited to touching my body. I give Robin full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

Feedback during the session is important. I will assume full responsibility for myself during the session and will freely comment on the comfort or discomfort of the depth or stroke being utilized.

Robin at any time may stop the session at her discretion and I understand that I can also say "stop" at any time.

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 Structural Integration.

In the event that photos taken during the session are a good example of the work of Rolfing Structural Integration I give my full permission for them to be used in educational and/or promotional materials.

_____   _____
Client Signature   Date

PAYMENT / CANCELLATION / NO SHOW POLICY

Payment is due at time of service unless other arrangements have been made.

24 hour notice is appreciated for cancellation of an appointment; otherwise I will be responsible for the fee of a late cancellation, which will equal the full price of the originally scheduled session. Likewise, I understand that if I "no-show" for an appointment, the same policy will apply.

If lateness is anticipated for a scheduled session, the courtesy of a phone call to Robin is very much appreciated. I understand that if I do notify Robin that my appointment may be held for me and I may come for the remaining time of the scheduled appointment. If I do choose to attend, regardless of the time remaining, the cost will be the full price of the originally scheduled appointment. I also understand that Robin may opt to not do the session if there is not enough time to complete the goals of the session, in which case I will be responsible for the full price of the originally scheduled appointment.

I have read, understand, and agree to be held responsible for all of the information and policies stated above.

_____   _____
Client Signature   Date