



**Rolfing® Structural Integration Health Intake Form**  
**To be completed by Parent for Child**

*Please print clearly.*

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

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Does your child 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: \_\_\_\_\_

Is your child under the care of a medical physician, chiropractor or other therapist? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

If not, please indicate approximate date of last physical: \_\_\_\_\_

What medication(s) has your child taken during the last six months? \_\_\_\_\_

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

Past injuries \_\_\_\_\_

Past accidents \_\_\_\_\_

Past surgeries \_\_\_\_\_

Previous bodywork \_\_\_\_\_

What would you and your child like to gain from Rolfing Structural Integration? \_\_\_\_\_

Where did you learn about Rolfing SI? \_\_\_\_\_

Questions prior to beginning: \_\_\_\_\_

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.**  
**We appreciate your continued participation in your own good health.**