Karen Lackritz
Certified Advanced Rolfer

132 East Broadway Suite 620
Eugene Oregon, 97401
(541) 345-2926

ROLFING®
APPLICATION

NAME			HEIGHT	WEIGHT	DATE OF BIRTH
STREET			OCCUPATION		
CITY	STATE	ZIP	REFERRED BY		
HOME PHONE	WORK PHONE		PREVIOUS ROLFER (IF ANY)		

Please answer all items below.

Explain affirmative answers here.

Are you currently in pain or discomfort? ☐ yes ☐ no
If yes, please describe

Questions about your medical history:

Skeletal

1. Arthritis ☐ yes ☐ no
2. Broken bones ☐ yes ☐ no
3. Joint pain ☐ yes ☐ no
4. Osteoporosis ☐ yes ☐ no
5. Severe sprains ☐ yes ☐ no

Neurological

6. Radiating pain in any limbs ☐ yes ☐ no
7. Numbness or tingling ☐ yes ☐ no

Internal Illness of Injury

8. Heart condition ☐ yes ☐ no
9. High blood pressure ☐ yes ☐ no
10. Hemophilia ☐ yes ☐ no
11. Pneumonia or other respiratory problem ☐ yes ☐ no
12. Diabetes ☐ yes ☐ no
13. Cancer ☐ yes ☐ no
14. Cysts or tumors ☐ yes ☐ no
15. Surgery ☐ yes ☐ no

Other

16. Ever had concussions? ☐ yes ☐ no
17. Periods of dizziness? ☐ yes ☐ no
18. Are you under medication? ☐ yes ☐ no
19. Do you wear contact lenses? ☐ yes ☐ no
20. Are you pregnant? ☐ yes ☐ no
21. Do you use an IUD? ☐ yes ☐ no

AGREEMENTS FOR ROLFING

I understand that the purpose of Rolfing is to balance and align my body so that it is supported by gravity and moves with greater ease and freedom. These goals are accomplished through manipulation and education – both experiential and cognitive.

I recognize that I am a participant in a process not a patient in a medical procedure, and that my awareness and internal experience are a necessary part of the process. I agree to participate in this process as fully as I am able.

I understand that Rolfing is not involved with the treatment of disease and not a substitute for medical diagnosis or treatment when attention is needed.

A Rolfer does not treat, prescribe or diagnose any illness, disease, or other physical or mental disorder. Nothing said or done by a Rolfer should be misconstrued to be such.

I understand it is necessary for the Rolfer to touch my body in order to assist me in establishing balance and alignment in my body. I give Karen Lackritz my permission and consent to do all those things necessary in helping me establish balance and alignment, including touching my body. I give full priviledge and license to work on my body in such a way as to restore and establish balance therein.

Cancellation

I understand that sessions missed or cancelled with less than 24 hours notice may subject to charges for time lost.

Photo Agreement

Please check one:

☐ I am willing
☐ I am not willing

} For photographs of me to be used for the promotion of Rolfing.

I have read and understand the above statements.

_____

Signed Date

Please explain your reasons and/or goals for entering the Rolfing process. You may use this question, if you wish, to examine your feelings and attitudes about your body.