



Rich Ennis Rolwing® Structural Integration Health Intake Form

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

Name _____ Age _____ Weight _____ Height _____

Phone Number _____ E-Mail _____

Address _____

Do you 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: _____

Are you currently under the care of a medical physician, chiropractor or other therapist: _____

If yes, please describe: _____

Approximate date of last physical: _____

What medication(s) have you 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 like to gain from Rolwing Structural Integration? _____

Where did you learn about Rolwing 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.**