



Roling
with
Brooke

Brooke Buzzi, Certified Advanced Rolfer®
1308 NW 20th Ave. Portland, OR 97209
970-274-8455 • balance@rolingwithbrooke.com

Confidential Health Questionnaire

Name: _____ D.O.B.: _____
Address: _____ Occupation: _____
_____ Zip: _____ Email: _____
Phone: (H) _____ (Cell) _____
(W) _____ Text Messages: Y N

Have you ever had any of the following conditions or problems? Be descriptive if appropriate.

- | | |
|-----------------------------|-------------------------------|
| Heart condition Y N | Respiratory problems Y N |
| High/low blood pressure Y N | Eliminatory problems Y N |
| Hemophilia Y N | Circulatory problems Y N |
| Diabetes Y N | Digestive problems Y N |
| Cancer Y N | Dentures/removable bridge Y N |
| Convulsions Y N | Jaw tension or TMJ Y N |
| Thyroid problems Y N | Hearing loss Y N |
| Osteoporosis Y N | Pregnant Y N |
| Arthritis Y N | HIV, AIDS Y N |
| Phlebitis Y N | Other _____ |

- Are you presently under the care of a medical physician/chiropractor/therapist/acupuncturist? Y N If yes, for what? _____ Provider's Name _____
- What medication have you taken in the past six months? _____
- Please describe any past injuries, accidents and surgeries: _____

- Do you have any areas of chronic bodily discomfort? _____
- How do you use your body? Please list current diet, exercise, sports, hobbies or musical instruments. _____

- Have you received, or do you regularly receive some form of massage/bodywork? How often? _____
- Have you ever received Roling® before? If so, how many sessions? _____
- What would you like to gain from your experience with Roling®? _____

- Will you seek reimbursement from an auto claim, health insurance, flex plan account, etc? Y N
- How did you hear about me? _____

I certify that the above information is true and accurate to the best of my knowledge.

Client Signature (or Parent/Guardian if under 18 years of age) Date



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APPLICATION AND CONSENT FOR ROLFING®

I understand that the purpose of Roling® is to balance and align the physical body so that it is supported by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body movement are achieved.

I understand that Roling® is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed.

The Rolfer® does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. 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 the body.

I give *Brooke Buzzi*, as a Certified Advanced Rolfer®, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Rolfer full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

I understand that I will be charged for missed sessions with less than 24 hours notice.

Name of Client

Client Signature (or parent/guardian if under 18 years of age)

Date