



Wynona Wensley
 Certified Rolfer™
 www.feelfreebefree.com

Client Intake Form

Name: _____ Ph: (H) _____
 Email: _____ Ph: (W) _____
 Occupation: _____ Ph: (C) _____
 Other Contact: _____ Ph: _____
 Address: _____
 City: _____ Province: _____ Zip: _____
 Birth Date: _____ Height: _____ Weight: _____

Do you have or have you ever had any of the following conditions / illnesses / problems?

Circle "Y" for yes or "N" for no.

Aneurism.....	Y / N	Heart condition.....	Y / N
Arthritis.....	Y / N	Hemophilia.....	Y / N
Autoimmune disease.....	Y / N	High/Low blood pressure.....	Y / N
Cancer.....	Y / N	Osteomyelitis.....	Y / N
Contagious disorders.....	Y / N	Osteoporosis.....	Y / N
Convulsions.....	Y / N	Pain, numbness and/or tingling...	Y / N
Circulatory problems.....	Y / N	Phlebitis.....	Y / N
Chronic bodily discomfort.....	Y / N	Respiratory problems.....	Y / N
Diabetes.....	Y / N	Scoliosis.....	Y / N
Digestive problems.....	Y / N	Thyroid problems.....	Y / N
Eye,ear,nose,throat disorder.....	Y / N	Currently pregnant.....	Y / N
Fibromyalgia.....	Y / N	Other.....	Y / N

Please list any past injuries, accidents, surgeries and/or serious illnesses.

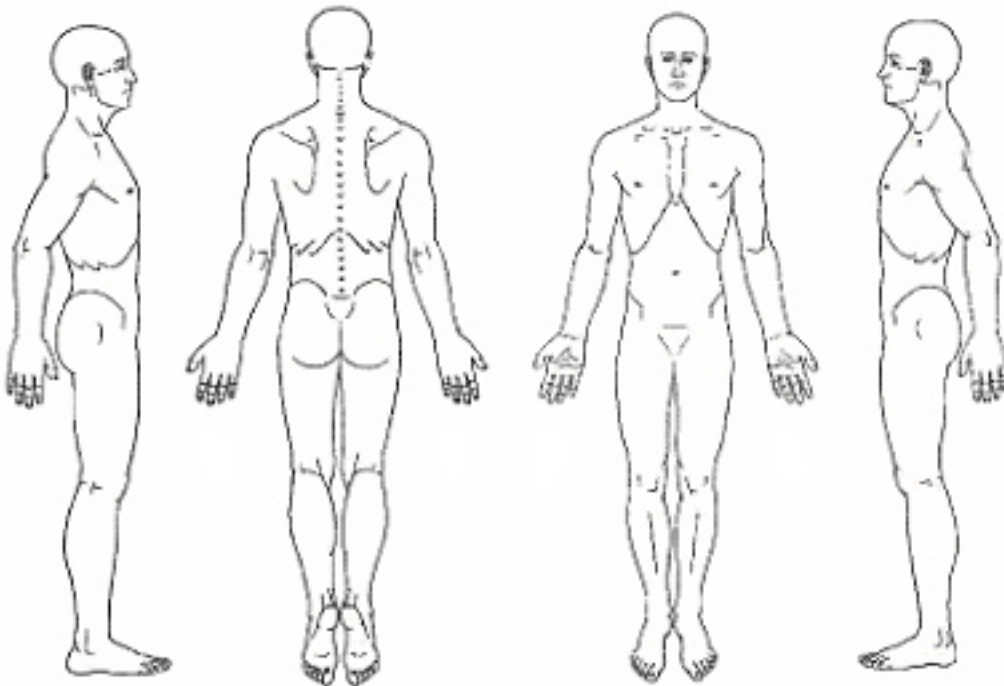
Dates:	Area(s) Affected:	Treatment(s):



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Are you receiving care from other health care providers?Y / N
Does s/he approve of receiving Roling SI?Y / N
What kind of provider(s)? (MD, RMT, ND, LAc, etc.) _____
What medications have you taken in the past 6 months? _____
What is your previous bodywork experience? _____
What physical activities do you participate in regularly? _____
List any activities that you would like to be able to do? _____
How did you choose to come to Be Free Health? _____
What do you want from receiving Roling SI and what are your expectations/goals for receiving the work?

Please note any areas of discomfort, pain or concern by marking the diagram below.



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

Date: _____ **Applicant's Signature:** _____



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I hereby apply to receive Rolwing (structural integration).

I fully understand the purpose of Rolwing 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 are achieved. However, I understand that the Rolwing Practitioner makes no warranties or guarantees regarding the results of the Rolwing process.

I understand Rolwing 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 **Wynona Wensley, Certified 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.

Furthermore, 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 Rolwing.

Cancellation Policy

Cancellations must be made 24 hours prior to the scheduled appointment time to avoid the cancellation fee of \$50 (Cancellation fees are used to provide free work to the community).

Date: _____ **Applicant's Signature:** _____