

Linda C. Jordan M.Sc.

CERTIFIED ADVANCED ROLFER®

(907) 272-6147
anchoragerolfer.info

P. O. Box 240352
Anchorage, Alaska 99524

HEALTH HISTORY

Date _____

Name _____ Referred By _____

Address _____ Phone (o) _____ (h) _____

Physician _____ Occupation _____

Birthdate _____ Height _____ Weight _____

Email _____ Cell Phone _____

DETAILS AND DATES

Arthritis _____

Allergies _____

Auto Accident _____

Autoimmune Diseases _____

Back / Neck Pain _____

Birth Defect / Complications _____

Braces (Dental or Orthopedic) _____

Cancer / Chemotherapy _____

Carpal Tunnel Syndrome _____

Circulation Problems _____

Chronic Pain _____

Contacts / Eyeglasses _____

Cosmetic Surgery _____

Counseling _____

Degenerative Joint Disease _____

Dental Problems _____

Dentures /Bridges _____

Diabetes _____

Emotional Trauma _____

Epilepsy _____

Eye / Ear / Nose / Throat Disorder _____

Fractures _____

Genito-Urinary Disorder _____

Headaches _____

Hernia _____

Heart or Artery Disease _____

High / Low Blood Pressure _____

H.I.V. Positive / A.I.D.S. _____

Injuries _____

I.U.D. _____

Joint Problems _____

Menstrual Problems _____

Mental or Nervous Problems _____

Please turn over.

Osteoporosis _____
Postural Problems _____
Pregnancy _____
Prescription Drugs _____
Prolonged Drug Therapy _____
Respiratory Disorder _____
Serious Disease _____
Sinus Problems _____
Skin Disease _____
Surgical Pins / Plates / Protheses _____
Special Diet _____
Sprains _____
Surgery _____
T .M. J. Problems _____
Ulcer or Digestive Disorder _____
Sexually Transmitted Disease _____
Whiplash _____

ACTIVITIES

Are there any activities from which you are restricted? _____

Briefly describe physical activities in which you are regularly engaged. _____

OTHER INFORMATION

Why do you want to be Rolfed? _____

What do you want to get from your Rolfig sessions? _____

CANCELLATION POLICY

The full fee will be charged for missed appointments or for appointments cancelled or changed without 24 hours notice.
Any exceptions other than illness must be agreed upon in advance.

I certify that the above medical information is true and accurate to the best of my knowledge.
I understand and agree to the cancellation policy.

Signed _____ Date _____

PLEASE

- 1) Please shower / bathe and wash hair the morning of or night before your sessions.
 - 2) Use no body lotion or oil for 12-24 hours before each session.
 - 3) Men should wear jockey style shorts. No boxer or gym shorts.
 - 4) Wear your hair simply with minimal sprays, clips, and pins. Make-up should be light.
 - 5) If you have a cold, illness, or contagious disease, please contact your Rolfer so a decision can be made about your appointment.
 - 6) Please consult with your Rolfer about receiving other body work during the series.
 - 7) An epsom salts bath is suggested before bed the day of each session.
 - 8) Payment is due at each session unless prior arrangements have been made.
- If you have any questions about any of the above, please contact your Rolfer.