

# Linda C. Jordan M.Sc.

CERTIFIED ADVANCED ROLFER®

(907) 272-6147  
anchoragerolfer.info

2614 Redwood St.  
Anchorage, AK  
99508

## HEALTH HISTORY

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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.