

Be Well Bodywork, LLC

Jessica Redding, LMT and Board Certified Rolf Practitioner
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Confidential Client Intake Form for Structural Integration

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____
D.O.B.: _____ Age: _____ Height: _____ Weight: _____
Occupation: _____ Dominant Hand: R__ L__
Referred by: _____

How does your body feel? _____

Major physical injuries/disabilities: _____

History and dates of surgeries: _____

Are you presently under the treatment/medication for chronic illness (allergies, diabetes, etc.)? _____

In therapy (past or present)? _____

Physical discomforts (be specific): _____

How is your digestion/elimination? Do you have special dietary considerations?

Sports/physical activities/interests: _____

What are your goals for this SI work? _____

Is there anything relevant to your SI work that has not been covered thus far? Please describe: _____

If you've had SI or Roling previously, please state who has worked with you and when: _____

For women only:

Are you pregnant? _____

Do you have an IUD? _____

Do you have breast implants? _____

Do you have difficulty during menstruation? _____

I hereby apply for a series of processing in Structural Integration.

I fully understand the purpose of Structural Integration 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 is achieved.

I understand Structural Integration 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.

Jessica Redding does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the client. Nothing said or done by Jessica Redding should be misconstrued as such.

I give Jessica my permission and consent to work on my body in such a way as to restore and establish balance and alignment therein.

I will communicate with Jessica about areas of tenderness or discomfort experienced during the SI sessions.

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 Structural Integration.

I understand that at no time will Jessica and I engage in any discussion or conduct of a sexual nature.

I will allow Jessica to take photographs of me before and after each session to serve as an informative record of the changes that have occurred during processing.

I am responsible for paying for any appointment cancellation of less than 24 hours.

Signature: _____ Date: _____