

Rolfing® with Elias Limberopoulos, Certified Rolfer® Health Intake Form

Please print clearly.

Note: This form is used as a guideline for further discussion about your general health and well-being.

Name _____ Date of Birth _____ Weight _____ Height _____

Address _____ Occupation _____

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

___ Autoimmune Disorder ___ High blood pressure ___ Hemophilia ___ Diabetes

___ Respiratory problems ___ Low blood pressure ___ Convulsions ___ Cancer

___ Circulatory problems ___ Herpes / Warts Other _____

Please describe any of the above, including approximate dates of illness and treatment: _____

Are you currently under the care of a medical physician, chiropractor, psychotherapist, or other therapist?

If yes, please describe: _____

What medication(s) have you taken during the last six months? _____

Please describe, including approximate dates, sites of injuries and treatments:

Past injuries _____

Past accidents _____

Past surgeries _____

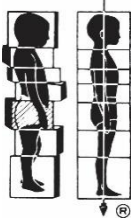
Previous bodywork _____

Exercise habits _____

What would you like to gain from Rolfing®? _____

Where did you learn about Rolfing®? _____

If someone referred you, do I have your permission to thank them for their referral? _____



Application and Consent Form

I hereby apply for a single session or a series of sessions in Roling Structural Integration.

I understand the purpose of Roling SI is to balance and restore the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct physical touch and body-centered education; balance and ease in the physical body are main goals of this work.

I further understand Roling SI is not involved with the treatment of disease of any kind; nor does it substitute for medical diagnosis or treatment when such attention is deemed necessary.

A Certified Rolfer™ does not treat, prescribe or diagnose illness, disease, any physical or other related ailment of the person seeking Roling SI. Nothing said or done by the below named Rolfer should be understood as counter to this statement.

I understand it is necessary for the Rolfer to touch my body in an appropriate manner in order to assist me in establishing balance and ease in my physical body.

I give Elias Limberopoulos, Certified Rolfer™ my permission and consent to work with me in such a way as to restore and establish balance and ease in my physical body. I further understand that I may at any time revoke such permission and consent, and can choose to discontinue the session and series of Roling.

I have filled out the Health Intake Form to the best of my knowledge and I am responsible and liable for any information which has been left out of the health history.

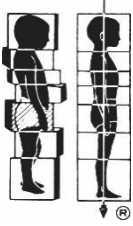
Date: _____

Client or Legal Guardian Signature: _____

For child client, Legal Guardian Name: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____



Client Financial Responsibility Form

Client Name: _____ Date: _____

By choosing to participate in sessions, you are agreeing to the following **(please initial each statement)**

____ **(Initial Here)** I agree to pay my FULL PAYMENT AT THE TIME OF SERVICE and I acknowledge and understand that I AM SOLEY AND ULTIMATELY RESPONSIBLE for all charges for professional services provided.

Cancellation/No-Show Policy:

Since the scheduling of an appointment involves the reservation of time set aside especially for you, a minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. If for any reason a session is canceled less than 24 hours prior or you do not show for an appointment, you will be charged the following:

- \$65 for the 24 hour cancelation or no show. If there are more than three 24 hour cancelations or no shows in a calendar year, you will be charged the full amount of the session thereafter.

Payment for 24 hour cancelations or missed sessions are to be paid on that day using a credit card that will be held on file. If you do not wish to keep a card on file, all of your sessions must be pre-paid the full amount of the session by booking online at LimberRolfing.com or directly through Elias. If you choose to prepay your sessions, any 24 hour cancelations or missed sessions will result in a forfeiture of the full amount of the session.

While emergencies may arise from time to time, understand that the appointment you canceled or missed could have been filled by another client causing Elias to lose out on business. He is forced, as a result, to charge a fee. Thank you for understanding his position.

I have read the above policy regarding my financial responsibility for providing services to me. I certify that the information is, to the best of my knowledge, true and accurate.

Date: _____

Client or Legal Guardian Signature: _____

For child client, Legal Guardian Name: _____

The terms Rolfing®, Rolf Institute® and Rolfer™ and the Little Boy logo are service marks of the Rolf Institute of Structural Integration, and are only to be used by members in good standing with the Rolf Institute.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting Elias Limberopoulos Certified Rolfer at 773-627-2698. This authorization will remain in effect until cancelled.

CARDHOLDER INFORMATION

Name (as shown on card): _____

CREDIT CARD INFORMATION

Credit Card Type: _____ MasterCard _____ Visa _____ American Express _____ Discover Card

Credit Card Number: _____

Expiration Date (mm/yy): _____

Security Code (3-4 digits on back of card): _____

Cardholder ZIP Code (from credit card billing address): _____

I, (print full name) _____, authorize Elias Limberopoulos to charge my credit card above for cancelations within 24 hours or if I do not show for an appointment. I understand that my information will be saved to file for future transactions on my account.

Cardholder Signature X _____ Date: _____