



HANDS OF INTEGRATION

**Personal History Form (Confidential)**

Name ..... Address .....  
Phone ..... Email .....  
DOB ..... Height ..... Weight .....  
Occupation ..... Referred by .....

Describe your general physical state at present: .....

Major physical injuries/disabilities/illnesses/skin conditions: .....

History and dates of surgeries: .....

Physical discomforts (be specific): .....

Are you presently under medical treatment or taking medication? Please list medications: .....

Are you in therapy, past or present? .....

Are you working with any other Health Practitioners (massage, etc)? If so, how often? .....

Sports/physical activities/interests: .....

What are your goals for the Structural Integration work? .....

Is there anything relevant you would like to discuss that has not been brought up so far? .....

Have you had S.I./Rolfing work before? Please state who you worked with and when: .....