Lafayette Rolfing

Jessica Welch R.N., Certified Rolfer

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| Name: | DOB: | Occupation: | Ht: | Wt: | | | | |
|--|-------------|------------------|-----|-----|--|--|--|--|
| Address: | | | | | | | | |
| Home # | Cell # | e-mail | | | | | | |
| General Health Intake | | | | | | | | |
| Physicians/Therapists/Chiropractors seeing or have seen recently? | | | | | | | | |
| Medications or Supplements currently taking? | | | | | | | | |
| Exercise routine or activity level? | | | | | | | | |
| Sports/Hobbies/Activities frequently done? | | | | | | | | |
| Chief complaints/ what you would like to gain from your treatment: | | | | | | | | |
| Symptoms relieved by : | | | | | | | | |
| Symptoms worsened by: | | | | | | | | |
| Health History | | | | | | | | |
| General | Respiratory | Gastrointestinal | | | | | | |
| Insomnia | Asthma | Reflux | | | | | | |

| | Diabetes | Emphysema | Eyes | | |
|---|---------------------|-------------------------|-------------------------|--|--|
| | Thyroid disease | Bronchitis | Glaucoma | | |
| | Migraines | Chronic Cough | Blurred Vision | | |
| | Fatigue | Sinus/ Allergies | | | |
| | | | | | |
| Musc | uloskeletal | | | | |
| | Carpal Tunnel | Sciatica | Bulging disc | | |
| | Scoliosis | Fibromyalgia | Joint pain/disorder | | |
| | Weak muscles | Neuralgia | Plantar fasciitis | | |
| | TMJ | Tendonitis | Difficulty walking | | |
| | Neck/shoulder pain | Upper back pain | Lower back pain | | |
| | Rib pain | Limited range of motion | Frozen shoulder | | |
| Cardi | ovascular | | | | |
| | High blood pressure | Low blood pressure | Chest pain or tightness | | |
| | Palpitation | Irregular heart beat | Poor circulation | | |
| | Heart attack | Stroke | | | |
| Urinary System | | | | | |
| | Kidney stones | BPH | | | |
| Other Surgeries/Injuries/Accidents: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Cancellation Policy and Rescheduling Your time is valuable, so please be on time for your session. Your appointment is your personal block of time, and if you are late, it is time lost from your session. | | | | | |
| In the event that you need to cancel a session, 24 hours' notice is required in order to allow time to attempt to fill the empty session. If you do not give 24 hours' notice, there is a \$40.00 fee. | | | | | |
| Appli | cant's Signature: | | Date: | | |

COPD

Ulcer disease

Cancer