



CENTER for LENGTH

a studio for structural integration and education

INTAKE FORM

info@centerforlength.com ♦ www.CENTERFORLENGTH.com ♦ 801.597.0961

NAME

FIRST: _____

MIDDLE: _____

LAST: _____

PREFERRED: _____

CLIENT / PRACTITIONER ROLE

Briefly describe the Series, workshop, or event and how you were in relation to your Practitioner:

Blank area for describing the Series, workshop, or event.

EVENT INFORMATION

PHONE: _____

SECONDARY PHONE: _____

EMAIL: _____

ADDRESS: _____

OCCUPATION: _____

EMPLOYER: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____ RELATIONSHIP: _____

I am hoping to receive from my Series or Individual Session:

- BETTER POSTURE
- PHYSICAL HEALING
- SOMATIC BALANCE
- OPTIMAL PHYSICAL PERFORMANCE
- LIFESTYLE CENTEREDNESS
- EMOTIONAL DEVELOPMENT

HAVE YOU RECEIVED STRUCTURAL INTEGRATION BEFORE? YES NO

WHAT TYPES OF TREATMENTS HAVE YOU RECEIVED IN THE PAST?

- MASSAGE
- ACCUPUNCTURE
- CHIROPRACTIC CARE
- PHYSICAL THERAPY
- SURGERY
- HOLISTIC CARE
- MEDICAL SUPERVISION
- PRESCRIPTION MEDICATION
- HERBAL SUPPLEMENTS



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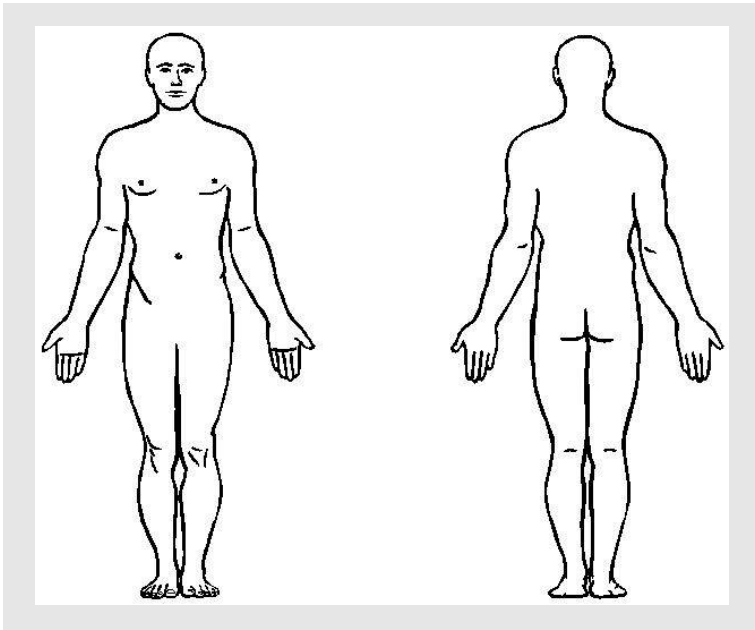
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MEDICAL HISTORY

PLEASE CIRCLE ANY AREA YOU WOULD LIKE TO IMPROVE, HAVE PREVIOUSLY INJURED, OR WOULD LIKE TO DISCUSS WITH YOUR PRACTITIONER:

PLEASE CIRCLE IF YOU HAVE ANY OF THE FOLLOWING:



- Blood Clots (Legs or Lungs)
- Cancer
- Low Back Pain AIDS /HIV
- Hepatitis
- Shortness of Breath
- Currently Pregnant
- Recent Childbirth (dates: _____)
- Reproductive (System) Challenges
- Pinched Nerve
- Sciatic Pain
- Dizziness
- Headaches / Migraines
- Arthritis
- Fibromyalgia
- Herniated/Bulging/Ruptured Disks
- Unstable / Weak Muscles
- Difficulty Sleeping
- Mentally Restless
- Anxiety/Depression
- Suicidal Tendencies
- Easily Angered
- Constipation/ Loose Stool
- Disordered Eating
- Digestive Problems
- Low Energy
- Osteoporosis
- Warts, Rashes
- Other Skin Infections
- Seizures
- Allergies (food, latex, seasonal)
- Diabetes
- Tuberculosis
- Muscle Spasms
- Trauma

PLEASE DESCRIBE ANY TYPE OF MEDICAL CARE YOU ARE CURRENTLY RECEIVING:

PLEASE LIST ANY TYPE OF INJURY, TRAUMA OR HEALTH CONDITION:

DESCRIBE YOUR REGULAR PHYSICAL ACTIVITY ROUTINE, IF ANY:

ANY OTHER MEDICAL INFORMATION YOU WOULD LIKE TO OFFER:



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ACKNOWLEDGEMENT & CONSENT

I, _____, hereby acknowledge and consent to the following:

I understand the purpose of Structural Integration is to align and lengthen the body on its center line and in space. Alignment occurs through a series of physical contacts, body-centered education, and movement training. Structural Integration is a type of body work focusing on the fascia. Fascia is the connective tissue that surrounds muscle.

I understand Center for Length 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 by a licensed physician. Nothing said or done by Center for Length should be misconstrued as such. In addition, I understand that any relief of physical or emotional symptoms is coincidental in the centering of the physical body and not the direct aim of Structural Integration. Center for Length does not bear any responsibility for any medical or emotional condition occurring while receiving, but otherwise not related to Structural Integration.

I understand it is necessary for my practitioner, operating through Center for Length, to touch my body in an appropriate manner in order to assist me in my Structural Integration experience. I give Center for Length my permission and consent to physically assist my body in the Structural Integration session. I further understand that I may, at any time, revoke such permission and consent, and can choose to discontinue the session and any further Structural Integration appointments. I understand that revocation of my involvement in Structural Integration does not release me from the cancellation policy.

I understand that Center for Length always acts and operates in support of its Mission: to spread the teachings of Dr. Ida P. Rolf through the continuing education and practice of Structural Integration. To accomplish its Mission, Center for Length works with students, apprentices, mentees, workshop participants, and other individuals pursuing advanced Structural Integration education. I further understand that a student (or students) might be physically present for my Structural Integration sessions, but will never touch me without additional consent.

SIGNATURE

DATE
