

Please describe if you are currently in the care of a medical doctor, psychotherapist, chiropractor, or other health care practitioner:

Please describe any Structural Integration work that you have received: (names of practitioners and dates of work)

Please describe any other forms of bodywork that you have received:

Please describe your goals for your Structural Integration Ten Session Series:

Application and Consent for Structural Integration and Movement

I hereby apply for a series of processing in Structural Integration (SI) and Movement

I fully understand the purpose of SI is to balance and align the physical body so that it is supported and maintained by gravity. This is done by physical manipulation, movement and education so that greater economy and freedom of body movement is achieved.

I understand that SI is not involved with treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment, when such attention is needed.

I understand that my Rolfer is certified in SI by the Rolf Institute for Structural Integration.

I give my Rolfer my permission and consent to do all things necessary to help me establish balance and alignment, including but not limited to, touching my body.

Furthermore, 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 SI.

Signature:

Date:

Printed Name: