

# STRUCTURAL INTEGRATION

...INSPIRED BY THE TEACHINGS OF DR. IDA P. ROLF

Chelsey Craft, LMT #17981

---

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_

Referred By \_\_\_\_\_

## PERSONAL HISTORY FORM

What benefits would you like to gain as a result of receiving Structural Integration?

---

---

---

What type of physical activities do you currently enjoy? How often?

---

---

Please provide a body history and include any major illnesses, injuries and operations.

---

---

---

# STRUCTURAL INTEGRATION

...INSPIRED BY THE TEACHINGS OF DR. IDA P. ROLF

Chelsey Craft, LMT #17981

---

Are there currently any activities you would like to participate in but are refraining from because of discomfort, pain, or the inability to do so? Please describe.

---

---

Are you presently under medical treatment or on medication for chronic illnesses? Please describe. (allergies, diabetes, etc)

---

---

Are you working with any other Health Practitioners/Therapists and if so, how often?

---

Is there anything relevant to your SI work that has not been covered thus far? Please describe.

---

---

What questions or concerns do you have regarding the process of Structural Integration?

---

---

If you've had SI work previously, please state who has worked with you and when.

---