



Dixie M. Frank Certified Rolfer™ RMT CNMT

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Intake Form

Name: _____ Date of Birth: _____
Phone (h): _____ (w): _____ (c): _____
Address: _____ City, State, Zip: _____
Email: _____ Occupation: _____
Emergency Contact: _____ Phone: _____

How did you learn about Dixie M. Frank Rolfing® and Massage Therapy?

What would you like to accomplish with your sessions?

How do you feel in relation to your body?

Do you have any physical limitations? Y/N
What kind?

Are you experiencing physical pain? Y/N
If yes, please complete the following:

Location: _____
For how long have you been experiencing this pain? _____ How frequently does it occur? _____
Intensity on a scale from 0-10 (zero being 'no pain' and ten 'unbearable pain') _____
History (diagnosis, tests, surgeries, etc) _____
What steps have you already taken to treat this pain and what were the results?

(Additional space available on back of page)

Have you had any accidents or falls? Please list strains/sprains, car accidents, etc.

Are you currently receiving any kind of treatment or under medical supervision? Y/N
Please specify:

Are you currently taking any medications? Y/N For what condition?
Please specify medication:

Do you exercise? Y/N How often? Intensity?

What are your favorite leisure activities/hobbies?

What else about your health history would be relevant to your Rolfing® sessions?

Client Signature _____ Date _____
Rolfing™ Signature _____ Date _____



Dixie Frank, Certified Rolfer™ RMT CNMT

Policies and Statements

Sessions: Please arrive 5 minutes prior to your scheduled session time. This allows time to answer questions and design the session to your particular needs.

Payment: Currently cash, checks, or credit card are accepted at the time of service. While credit cards are accepted, if possible, cash, checks, or Venmo payments are preferred.

Cell Phones: Please remember to turn off all electronic devices or leave them in your car, so that you may experience the full benefit of your session without interruption.

Scheduling: Sessions are by appointment only. Same day appointments may be available on occasion, though advanced scheduling is preferred. If you arrive late for your appointment time, your treatment time may be reduced, and will end at the normal scheduled time. Since other clients might be scheduled after you, adding the missed time to the end of the session is not always possible.

Health Insurance: Rolfing and Massage Therapy are not covered by most insurance plans though they are usually compatible with the majority of health savings and flex spending accounts. I can provide receipts and documentation if you wish to pursue reimbursement with your provider.

Cancellation Policy and Rescheduling: If you need to cancel a session, 24 hours' notice is requested in order to allow time to attempt filling the empty session. If 24 hours' notice is not provided, you are liable for the full session fee. For pre-purchased sessions and gift certificates, if 24 hours' notice is not provided, the session will be deducted or gift certificate voided. I realize life happens and emergencies arise, so exceptions will be considered on a case-by case basis. I appreciate having you as a client, and appreciate your cooperation with my policy!

Newsletter: As a new client you will be added to the distribution list for my newsletter. Check the box if you would like to opt out.

By signing below I acknowledge, and agree to the policies set forth in this Policy and Statements document.

Client Signature: _____ **Date:** _____