

Green Mountain Bodywork  
Hanni Guinn  
Certified Rolfer

Health History Intake

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

Address: \_\_\_\_\_

Telephone:(day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have or have you ever had any of these following conditions or illnesses?

heart condition	high blood pressure.	hemophilia	diabetes
cancer.	convulsions.	low blood pressure.	thyroid
osteoporosis	arthritis	osteomyelitis	phlebitis
respiratory problems.	eliminary problems	pneumonia	other
circulatory problems	digestive problems		
asthma	bronchitis		

Are you presently taking any prescription drugs? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Injuries and Illnesses:

Please list year and type of injuries, including car accidents, strains, and sprains as well as surgeries and hospitalizations:

I understand massage therapy is not a substitution for medical care.

\_\_\_\_\_

Signature

Date