

Back in Balance, LLC

Tash Canine, Rolf Practitioner, LMT

1726 Allied Street Suite 2-A

Charlottesville, VA 22903

434-221-2381

HEALTH HISTORY: (Please print, fill out and bring to your appointment.)

Name _____

Referred by: _____

Address _____ City _____ Zip _____

Phone (h) _____ (cell) _____ (w) _____

Email _____ Occupation _____

D.O.B. _____

Have you ever had Structural Integration or massage therapy? If yes, date of last treatment

Current medications. List

ALL: _____

Do you stretch, exercise, and or utilize posture therapy of any kind? ____ If yes, what type and frequency?

Do you have any of the following:

Muscle aches or headaches? If yes, where? _____ Frequency and intensity of pain? _____

Is the pain alleviated with movement or made worse? _____

Do you feel the pain in the joint or in the muscle? _____

Cancer? ____

Osteoporosis or osteopenia? ____

Athlete's Foot? ____

Pregnant? ____

Contagious or infectious disease? _____ Have you been exposed to a person with COVID-19? Have you been tested for COVID-19? Do you have a fever?

Cough? ____

Sore throat? ____

Allergies currently? ____

Do you have any open sores or skin infections? _____

Phlebitis? ____

High blood pressure? ____

Past surgery? ____ Dates: _____

Currently pregnant? _____

Circulatory problems or cardiac problems? _____

Any other health problem, please describe:

Please state your over arching goal, how often you plan to make appointments, and what you hope to accomplish through your sessions:

CANCELLATION/RESCHEDULE POLICY: *We absolutely appreciate your business however due to the large amount of time that must be blocked out for each appointment, the full fee will be charged for appointments or cancellations with less than 48 hour notice. Please do not come in if you are ill. We reserve the right to refuse treatment if visible signs of illness are present at any time during an appointment.*

Contract for Care: I certify that the above information is true and accurate to the best of my knowledge, and I agree to keep my appointments in a timely manner. I agree to pay for

cancellations, reschedules, or no-shows with less than 48- hour notice. I forever release all liability for myself, executors and heirs Back In Balance, Nitasha Canine, and her associates, including but not limited to contact tracing for any infectious disease at any time. I assume ALL risks associated with receiving massage and bodywork. I agree to keep the therapist informed of any changes that develop over the course of our therapeutic relationship.

Signature _____ Date _____