

Tash Canine, Licensed Rolf Practitioner

498 Newtown Road Greenwood, VA 22943

**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 \_\_\_\_\_