# CARING HANDS Integrated Wellness, LLC Patti Selleck, Certified Advanced Rolfer TM.

# **CLIENT INFORMATION**

### PLEASE PRINT CLEARLY

Name			Please use your complete address	
Address			Apt. No.	
City	State	Zip		
	none Work Phone	(	Cell Phone	
<u>Occupati</u>				
E-mail ac				
Age	Birth Date	Referred	By	
Primary 1	reason for appointment/health goals:			
YES N	NO Is there any medical condition th	Is there any medical condition that we should be aware of before giving your treatment? If so, describe:		
YES N	NO Have you ever had a professiona	al massage or Structural Inte	egration?	
	ace a check by any of the conditions ye			
rouse pr			Bo of have you.	
	had surgery			
	skin sensitivity	take prescri	ntion medications(over)	
	suffered an acute injury due to a fall	or accident Describe:	ption medications(over)	
	broken bones		_	
	low back pain	shoulder pain	Spinal problems	
	low back pain head, neck, or whiplash injury When foot or ankle injury Describe:		broken nose	
	foot or ankle injury Describe:		knee injury Describe:	
	have varicose veins			
	exercise regularly or play sports			
	any heart problems high or low blood pressure			
	sciatic nerve	-8		
		iculties	Diabetes	
	kidney or bladder problems			
	prostate problems			
	tense or sore areas			
	arthritis Describe:			
	headaches How often:			
	tingling in the arms or legs			
	tingling in the arms or legs digestive problems chronic asthma, sinus surgery	or alternating diarrhea or c	onstipation	
	asthma, sinus surgery			
	flat feet			
	carper tunner syndrome			
	fibromyalgia			
	anxiety fatigue	depression		
	any other medical condition to be awa	ire oi		
Please us	se space provided to explain any condit	tions from above.		
What if a	nything do you do to relax?			
I have sta	ated all my known medical conditions	and take it upon myself to u	update you regarding my physical health. ation is a must or I will be charged for the visit.	
Signatur			Data	

# Caring Hands Integrated Wellness LLC dba "Quantum" Rolfing® Structural Integration Patti Selleck, Certified Advanced Rolfer™

Phone: 623-670-8294 Email:pattiselleck@gmail.com

# Things you need to know

## 24 hour cancellation policy

I give each client my absolute best care and respect for your time. I realize that an emergency can happen which my make you late or unable to keep your scheduled appointment.

I require a **24 hour notice of cancellation** so that I may schedule that time for another who may need it. Please be courteous and respectful of my time and notify me by phone, e-mail, or text.

Please note that you will be charged for that time if you "no show" without contacting me and confirming the cancellation.

\$150 each - 80 minute sessions

## Tipping etiquette-

Do I tip my Rolfer? Thanks for asking!

This is a service business. It is appropriate if you choose to and tips are always appreciated. Think of it this way. When going to a restaurant, you generally tip based on good service. I give each client my absolute best care. I graciously accept compliments and tips too!

# I'm a giver

When you give yourself the gift of Rolfing with me, there is something I want you to know. You are not just spending money on yourself, for whatever your reasons are to use my services. I am a tither. For those of you who don't know what that means, I donate 10% or more of every dollar I receive to local Churches and other Worldwide ministries that preach the Gospel of Jesus Christ. I donate my time and I donate money. I am blessed to be a blessing.

Signature	Date
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