

# Manuel Aragón, Advanced Practitioner of Structural Integration

...Dedicated to the teaching of Dr. Ida P. Rolf

## PERSONAL HISTORY FORM (CONFIDENTIAL)

THIS FORM IS USED AS A GUIDELINE FOR FURTHER DISCUSSION WITH YOUR PRACTITONER

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Email: \_\_\_\_\_ Occupation \_\_\_\_\_

Yes! I would like to receive your weekly newsletter with articles upcoming events, video tips, and more!

Your general physical state at present: \_\_\_\_\_  
\_\_\_\_\_

Major physical injuries/disabilities: \_\_\_\_\_  
\_\_\_\_\_

History and dates of surgeries: \_\_\_\_\_  
\_\_\_\_\_

Are you presently under medical treatment/medication for chronic illness (allergies, diabetes,etc.)? \_\_\_\_\_  
\_\_\_\_\_

In therapy (past of present): \_\_\_\_\_  
\_\_\_\_\_

Physical discomforts (be specific): \_\_\_\_\_  
\_\_\_\_\_

Sports/physical activities (interests): \_\_\_\_\_  
\_\_\_\_\_

What are your goals for the SI work? \_\_\_\_\_  
\_\_\_\_\_

Is there anything relevant to your SI work that is not covered thus far? Please describe here: \_\_\_\_\_  
\_\_\_\_\_

If you have had SI work previously, please state who has worked with you and when: \_\_\_\_\_  
\_\_\_\_\_

### For Women:

Are you pregnant? \_\_\_\_\_ Do you have an IUD? \_\_\_\_\_

Difficulty during menstruation/any pertinent information? \_\_\_\_\_  
\_\_\_\_\_