



Kathy McConnell

FULL SPECTRUM BODY THERAPY

Certified Rolfer®

Registered Movement Therapist

Registered Craniosacral Therapist

The following information is confidential and will not be forwarded to anyone without your written authorization.

Date _____

Name _____

Address _____

City _____ Zip _____

Phone Nos. : Home _____ Work _____

Cell _____ E-mail _____

Date of birth _____ Occupation _____

How did you hear about me? _____

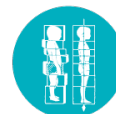
What is the purpose of your visit?

Please describe any major injuries, accidents or surgeries:

Chronic structural (posture) complaints or conditions:

137 N. San Mateo Drive
San Mateo, CA 94401
(650) 348-7488
www.KathyMcConnell.com
Kathy@KathyMcConnell.com

STRUCTURE



BODY

FUNCTION



MIND

FLOW



SPIRIT



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Are you currently under treatment by an MD, Chiropractor, Psychotherapist or other health care provider?

Please list any medications and/or supplements you are currently taking.

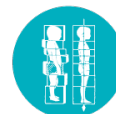
How does stress manifest in your life? For example, tight muscles, moodiness, trouble sleeping, digestive problems, headaches.

What kind of physical activities do you enjoy?

What do you do for relaxation?

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Neither Rolfing nor Craniosacral Therapy is involved with the treatment of disease of any kind, nor do they substitute for medical diagnosis or treatment when such attention is needed.

I do not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by me should be misconstrued to be such.

Sessions begin and end on time. If you are late, I may be able to extend your appointment time, depending on my schedule, but this should not be expected.

In case of cancellation, I expect a 24-hour notice, or you will be charged the standard rate for your appointment.

You are welcome to call me at any time with questions or concerns about the process.

Signature

date

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