

Rolf Method of Structural Integration Confidential Questionnaire

Name:

Date Today:

Mobile:

Email:

Date of Birth:

Home number:

Mailing address:

1. What are your intentions in experiencing this ten session process?
2. What is the most pleasing aspect of your life right now?
3. What is the most unsatisfactory aspect of your life right now?
4. How much responsibility do you assume for the situations in questions 1 and 2?
5. What do you like most about your body?
6. What do you like least about your body?
7. Please explain any surgeries, injuries, major and minor traumas, accidents and recurring pains and strains.
8. What kinds of exercise are you active in?
9. What is your earliest memory, how old are you? What happens? please be vivid