MK Rolfing – MK Health and Performance LLC

Client Intake Form

Full Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____

Occupation: _____ Referred By: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Medical & Health History

Have you received Rolfing® before? Yes ■ No ■

Please circle any treatments received for your condition:

■ Acupuncture ■ Massage ■ Physical Therapy ■ Surgery

■ Chiropractic ■ Medication ■ Other: _____

Please circle any conditions you are currently experiencing or have a history of:

■ Low Back Pain	■ Sciatic Pain	■ Constipation
■ Shortness of Breath	■ Allergies	■ Bruise Easily
■ Headaches	■ Difficulty Sleeping	■ Cancer
■ Dizziness	■ Neck Pain	■ Blood Clots
■ AIDS/HIV	■ Mentally Restless	■ Loose Stools
■ Muscle Fatigue	■ Arthritis	■ General Fatigue
■ Lymphedema	■ Muscle Spasms	■ Joint Hypermobility
■ Digestive Problems	■ Lack of Appetite	■ Thrombosis
■ Pinched Nerve	■ Spinal Fusion	■ Herniated Disk
■ Easily Angered/Agitated	■ Low Energy	■ Other: _____

List any surgeries and dates: _____

When did your symptoms begin? _____

Primary Goals for Rolfing® Structural Integration

1. _____

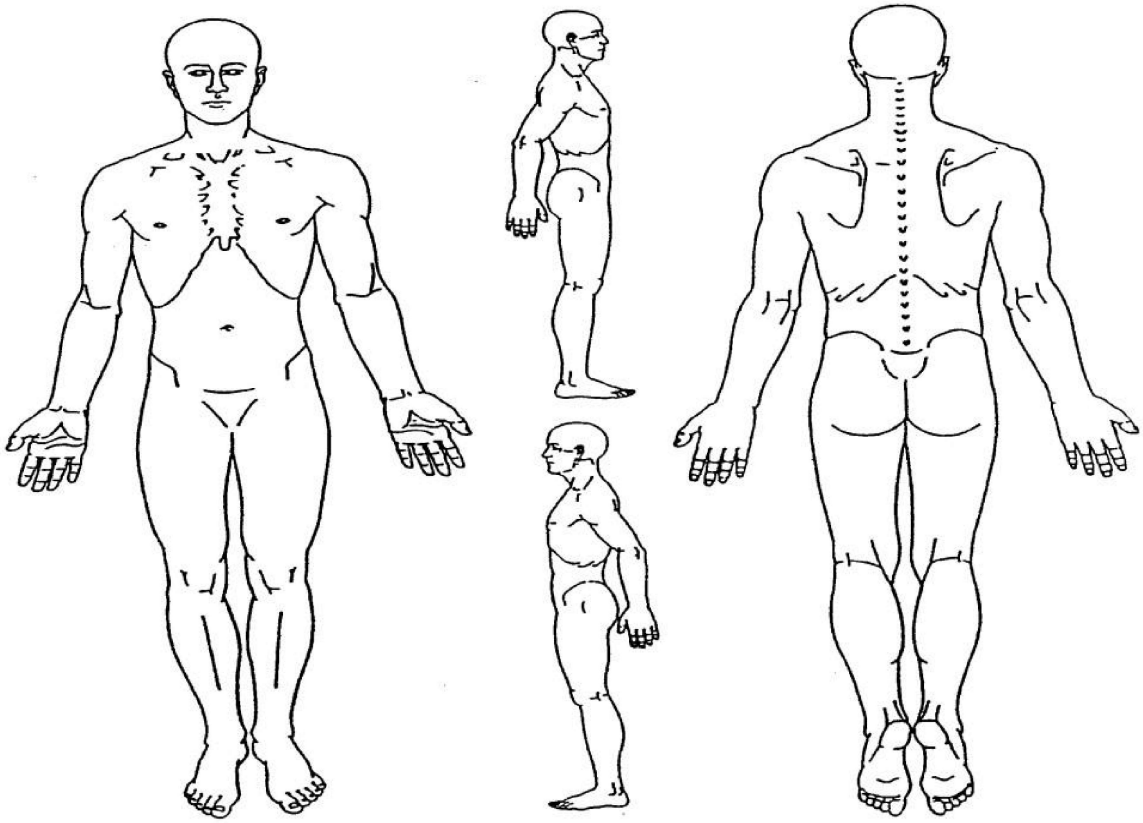
2. _____

3. _____

Describe your current level of physical activity (e.g., walking, gym, desk job):

_____

Body Diagram – Circle or mark areas of pain, tension, or injury:



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Marcel Kempf, Certified Rolfer™

Consent, Liability Waiver & Policies – Rolfing® Structural Integration

By signing below, I voluntarily consent to receive Rolfing® Structural Integration (SI) sessions provided by Marcel Kempf, operating under MK Rolfing, a service of MK Health and Performance LLC. I acknowledge, understand, and expressly agree to the following terms:

Nature of Services: Rolfing SI is a form of manual therapy intended to support structural alignment, reduce physical tension, and enhance body awareness and function. It is therapeutic in nature and not a substitute for licensed medical or psychological care.

Scope of Practice: I understand that Marcel Kempf is not a licensed medical professional and does not diagnose, treat, or prescribe for any condition. No medical claims are made. Any improvement in symptoms is incidental and not guaranteed.

Medical Disclosure: I have fully disclosed all relevant health information, including current conditions, medications, and past injuries. I agree to update the practitioner regarding any changes. I accept full responsibility for the accuracy and completeness of this information.

Voluntary Participation & Assumption of Risk: I acknowledge that manual therapy may involve physical contact and can result in temporary soreness, emotional responses, or discomfort. I will immediately communicate any discomfort. I voluntarily assume all risks—known or unknown—associated with receiving Rolfing SI.

Liability Release: To the maximum extent permitted by law, I release and hold harmless Marcel Kempf, MK Rolfing, and MK Health and Performance LLC from any and all claims, liabilities, or damages arising from my participation in Rolfing SI services, except in cases of proven gross negligence or intentional misconduct.

Confidentiality: I understand that all personal and health information shared will be kept confidential and only released with my written consent or as required by law.

Scheduling & Cancellation: Payment is due at the time of service unless otherwise agreed. I agree to provide at least 24 hours' notice to cancel or reschedule an appointment. I understand I will be charged the full session fee for missed or late-canceled appointments.

Governing Law: This agreement is governed by the laws of the State of California. Any disputes will be resolved within its jurisdiction.

I have read and understood this agreement in full. I agree to its terms knowingly and voluntarily.

Client Name (Print): _____

Client Signature: _____ Date: _____