

Health Form

Gentle Roling, LLC
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Cancellation Policy: We require 24-hour notice or a full fee will be charged.

Name:
Address:
Email:

Phone #:
Alternate phone #:

May I contact you for a follow up?
If yes, which do you prefer?

Yes
Email

No
Phone

Why are you here?

Surgeries/ injuries:

All other conditions:

Medications:

Issue 1: (also mark chart)

When/how did it start?

Frequency:

Scale 0-10 (0 - no pain, 10 – worst pain)

Issue 2: (mark chart)

When/how did it start?

Frequency:

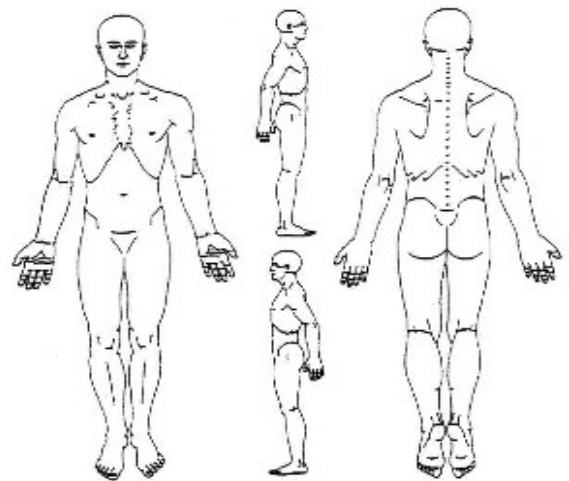
Scale 0-10 (0 - no pain, 10 – worst pain)

Issue 3: (mark chart)

When/how did it start?

Frequency:

Scale 0-10 (0 - no pain, 10 – worst pain)



What do you do a lot daily?

Sports/activities:

Previous Roling experience:

Other bodywork treatments received:

How did you hear about me?

If referred, who referred you?

Anything else I should know about?