

Health Form

Gentle Roling, LLC
505-660-0146
vera@gentleroling.com

3939 San Pedro NE #B1, Albuquerque, NM 87110
1884 Candela St., Santa Fe, NM 87505
127 Eastgate Dr. #212F, Los Alamos, NM 87544

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? Yes No
Would you like to receive a newsletter? Yes No

Why are you here?

Surgeries/ injuries:

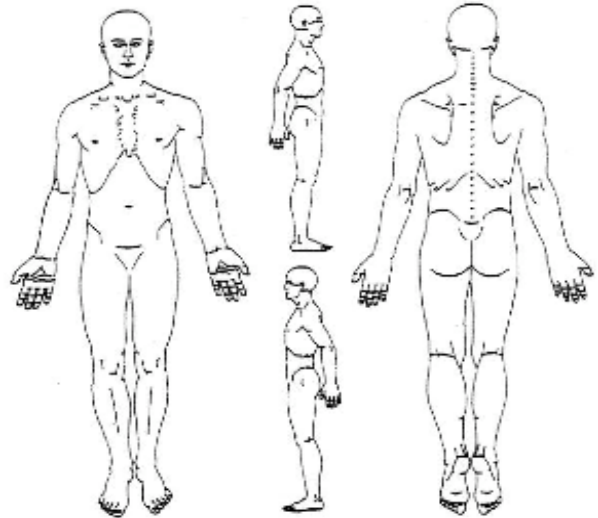
All other conditions:

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?