

Mike Williams  
Certified Rolfer™, Certified Hakomi Practitioner  
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**Informed Consent and Intake Form**

Mike Williams is a Certified Rolfer and Certified Hakomi Practitioner. I am contracting with Mike Williams to receive Rolfin® Structural Integration, Hakomi Mindful Somatic Psychology, Rolf Movement® Integration, or a combination thereof. Mike uses several tools to aid in treatment, including direct manipulation, movement, visualization, and mindful awareness. At-home practices may be an important component of client learning and development.

The purpose of Rolfin is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. The Hakomi Method assists clients in becoming aware of how thoughts, emotions, physical sensations, memory, movement, and behavior are interconnected and can impact the physical body. The primary goals of our work using these methods are to create greater economy and freedom of body-movement, to build awareness of the ways the body and mind currently operate in the world, and to facilitate discovering and learning new adaptive skills.

I understand that this work is not involved with the treatment of disease of any kind, nor does it substitute for medical or mental health diagnosis or treatment when such attention is needed. Mike Williams does not treat, prescribe, or diagnose illness, disease, or any other physical or mental disorder of the person. Nothing said or done by Mike Williams should be misconstrued as such.

I understand it is necessary for a Rolfer to use touch as a clinical intervention in order to assist me in establishing balance and alignment in the body. I give Mike Williams full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. I also understand that touch may be used to aid the Hakomi process, and I give Mike Williams my permission to use touch as a clinical intervention as necessary and agreed upon during the course of treatment.

**Cancellation Policy:** I understand that a minimum of 24-hours notice is required for cancellations. I agree to pay in full for any sessions canceled with less than 24-hours notice or for “no-show” appointments.

**By initialing here I acknowledge and agree to the 24-hour cancellation policy:** \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I have read and agree to the informed consent language above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18 yrs of age) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Welcome to my practice. Your learning process begins here, as I ask that you reflect on the questions on this form and provide honest, complete answers. This information is an important first step toward learning more about your Self and how it organizes and operates in the physical world.

*"You can't do what you want till you know what you're doing." – Moshe Feldenkrais*

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### Overview

1. What attracted you to this work (health challenge, mind-body connection, website, referral, etc.)?
2. If a health challenge brings you in, when did it begin?
3. Have you been given a diagnosis for this challenge? If yes, what?
4. What makes it better/worse?
5. What types of therapy or self-care have you tried so far in order to resolve it?
6. How successful were they?

7. To what do you attribute the results you've experienced to date?

8. If our work together were 100% successful, how would your life be different?

**Big Picture Stuff**

9. Take a look at your life from a whole-person perspective and evaluate which parts are in-balance and which parts may be out-of-balance. Mark those numbers below.

Physical Activity	Out of Balance	1	2	3	4	5	In Balance
Physical Health	Out of Balance	1	2	3	4	5	In Balance
Mental Health	Out of Balance	1	2	3	4	5	In Balance
Self-Care	Out of Balance	1	2	3	4	5	In Balance
Work-Life Balance	Out of Balance	1	2	3	4	5	In Balance
Relationships	Out of Balance	1	2	3	4	5	In Balance
Self-Awareness	Out of Balance	1	2	3	4	5	In Balance
Reflective Practices (spirituality, meditation, etc.)	Out of Balance	1	2	3	4	5	In Balance
Hobbies	Out of Balance	1	2	3	4	5	In Balance
Family	Out of Balance	1	2	3	4	5	In Balance

10. Evaluate how you rated yourself above and discuss any observations or conclusions drawn.

11. What are your current daily activities (work, exercise, disciplines)?

12. What do you do to take care of yourself (self-care, hobbies, etc.)? How do you tend to deplete yourself?

## Health History

13. Please circle if you have/have had any of these conditions and briefly describe (dates, etc.):

Spine/Scoliosis/Disc Issues  
Jaw/TMJ Issues  
Rheumatism/Joint Issues  
Heart Condition  
Aneurism  
Thrombosis  
High/Low Blood Pressure  
Autoimmune Disease  
Inflammation  
Numbness/Tingling  
Skin Conditions  
Cigarette Smoker  
Anxiety/Panic Attacks  
Stress/Easily Stressed

Migraines/Headaches  
Arthritis  
Osteoporosis  
Fibromyalgia  
Stroke  
Cancer  
Diabetes  
Epilepsy  
Loss of Balance  
Lack of Coordination  
Allergies  
Chemical Dependency  
Depression  
Abuse Survivor

14. Do you have any other condition that may deserve attention?

15. Have you ever had any accidents or falls? Yes  No

If yes, when? Did they cause injury? If so, what kind? How was the injury treated?

16. Have you ever had surgery? Yes  No

For what condition? When?

17. Are you currently receiving any kind of healthcare treatment? Yes  No

Please specify (specify whether conventional medical or alternative/complementary treatment):

18. Previous bodywork experience: Never  Occasionally  Often

Types:

19. Are you currently in psychotherapy? Yes  No

Since when?

**Females Only (Questions 20 and 21)**

20. Are you pregnant or trying to become pregnant? Yes  No   
Due Date: \_\_\_\_\_

21. Do you have any children? Yes  No   
If yes, how many and what age?

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22. How did you find me (please specify)?

Yelp  
Google  
Google Map Search  
Facebook

Rolf.org  
Yahoo  
Bing  
Other \_\_\_\_\_

Keyword Search \_\_\_\_\_

Referral \_\_\_\_\_

23. Is there anything else that feels significant to you that you want me to be aware of?

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I certify that the above information is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18 yrs of age) \_\_\_\_\_ Date \_\_\_\_\_