



North Star Integration

Discover physical enlightenment

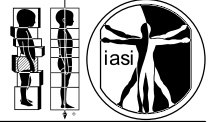
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Jon Grossart, Certified Advanced Rolfer™

OR LMT #13752



Application and Consent for Rolfer® Structural Integration and Bodywork

I hereby apply for bodywork sessions, which may include a series or single session approach

I fully understand the purpose of Rolfering and bodywork is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body-movement are achieved.

I understand Rolfering and bodywork are not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The practitioner does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a practitioner should be misconstrued to be such.

I understand it is necessary for the practitioner to touch my body in order to assist me in establishing balance and alignment in the body.

*I give **Jonathan Grossart, Certified Advanced Rolfer™, LMT**, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the practitioner full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. This work may also include intraoral and/or intranasal techniques. I understand that I may at any time revoke such consent and license and terminate and discontinue the process of bodywork.*

Furthermore, I understand that any relief of physical, psychological, or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of bodywork.

Policies (please initial each item)

- ___ • **All cancellations require 24 hours notice or the full session fee will be charged. If the practitioner cancels the session in less than 24 hours, the rescheduled session will be free.**
- ___ • **If you become sick, contact your practitioner so a decision can be made about rescheduling your appointment. (no cancellation fee)**
- ___ • Payment is due in full at each session, unless prior arrangements have been made. Any bank fees relating to checks are the client's responsibility.
- ___ • You will receive bodywork only during your scheduled appointment time. If you are late to an appointment, it may not be possible to change the ending time of the session and you will be still be responsible for payment in full of the scheduled session.
- ___ • Please advise your practitioner if you need a receipt for insurance purposes prior to the start of the session.
- ___ • If you have any questions or concerns about your bodywork process or what you are experiencing, please contact your practitioner.
- ___ • If your health status changes or you become pregnant, please advise your practitioner of your updated condition.

Client Signature (if a minor, Parent/Guardian)

Date

Client Name (Printed)

Witness