



Dear Client,

Here is some information which will further introduce you to Rolwing® and may assist you as you go through the process. Since Rolwing is not something you passively have done to you, the more awareness you can bring to the process, the more we will achieve. One of the most common questions I receive is, 'how do you make the work & any positive change last?'. This is a longer conversation, but it all begins with your own awareness & perception of what has shifted.

During our work together, your body will be going through a period of readjustment. Structures of your body, and their relationships, will be changing. Patterns of movement will be altered. Your experience of activities that have been part of your daily life may be different and these activities may deserve your increased attention.

**Journal:** You may wish to keep a journal during your Rolwing experience. Some people find that regular journal entries of dreams, physical sensations, and changes in awareness help them to focus their attention and provide an interesting record of progress.

**What to Wear:** During each Rolwing session, the client wears underclothes so that the practitioner can make an assessment of posture, alignment, and movement. Skin contact is preferable so most people wear underwear, a two-piece bathing suit, or loose fitting shorts. Men, no loose boxers please; women usually wear a bra (the less strap material the better) and can be draped with a top sheet (it is never necessary to be completely unclothed.) Please refrain from applying lotion/oil on your legs and arms if you can the day of our session.

**Illness:** If you feel that you might be coming down with a cold or the flu it would be best to postpone your session. If you wake up not feeling 100% and are unsure as to what to do, call and consult with me.

**Length of Session:** Each session will last 75 minutes. I schedule in 90-minute segments so as to not run late for clients. The initial session is generally closer to 90-minutes.

**Scheduling:** Most people schedule their Rolwing sessions one week apart. This may vary according to your own situation. Once you have chosen to be Rolwed, it is best to set up a program with as few interruptions as possible.

**Cancellation:** If you need to reschedule or cancel an appointment, please do so at least 24 hours before your scheduled appointment time. Appointments that are canceled or rescheduled within 24 hours of the original appointment will be charged in full.

**After a Session:** You may want to allow some time after each session to be with yourself. This might include writing in your journal, taking a walk, or resting — just taking some time to best

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assimilate the experience you have had. Later in the day you may want to enjoy a warm bath with epsom salts. This will help subside any potential muscle soreness from the work.

**Exercise:** Some exercise in conjunction with your Rolfing is very beneficial. You should notice a marked improvement in your coordination and performance. However, this is not a time to push your body to its limits. If you are involved in strenuous sports or activities you may want to ease up on them allowing your body a chance to adapt to the changes.

**Continuing the Series:** After experiencing the first session, you will have a good idea of whether Rolfing is right for you. The best and most permanent results are obtained by completing the entire 10-series on a regular basis. If you know that you will need to interrupt the series, please let me know in advance, and we can schedule the breaks so that they will not interfere with the program.

**Side Effects:** Some people experience a bit of muscle soreness similar to the feeling one would get after exercising, which usually diminishes within a day or two. Some people feel like resting, others feel highly energetic. For some there are occasional emotional highs and lows between sessions. These reflect the body's adjustment to shedding old patterns and replacing them with new awareness and structural integrity.

**Fee:** My per session rate is \$150. If you pay for the 10-Series upfront, you save \$100, making the investment \$1,400. I also offer a 3-session package for \$435. Packages are non-refundable.

**Ways of Working Together:** The majority of my clients go through the Rolfing 10-Series. This is where I see the greatest lasting structural change & effectiveness of the work. However, I do not require anyone to go through this process as it is a significant time & financial commitment. I work with clients based on their goals & resources to create a plan of care that is appropriate & best for them. After the 10-Series, many of my clients come one time per month for maintenance work. This allows us to continue to progress in our work together, be proactive, & enables the body to keep moving forward instead of reverting back to old patterns.

**Directions:** My office is located in the Mandala Clinic on the 2nd floor at 825 S. Broadway, Boulder, CO 80305. The clinic is inside the Mock Realty building. You will enter from the East side of the building from the door that faces Broadway. When you arrive, please take a seat in the front waiting area & I will come to get you at your appointment time.

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**Questionnaire:** The following is a questionnaire I would appreciate you filling out before your first session. If you have any questions, please give me a call.

*Please answer only the questions you wish to, and know that everything you share with me is private and confidential. If you need more space for answers, use the back or separate sheets.*

**General Information**

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Age:</b>
<b>City,State,Zip:</b>	<b>Occupation:</b>
<b>Phone:</b>	<b>Email:</b>

**Can I add you to my mailing list? You will be notified when I'm running specials and added to my newsletter.** Yes \_\_\_\_\_ No \_\_\_\_\_

**What brings you to Rolfing & what do you hope to experience from the work?**

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**Have you been Rolfed? Yes / No How many sessions? \_\_\_\_\_ Date of last session? \_\_\_\_\_**

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**Are you under the care of a physician?** \_\_\_\_\_

\_\_\_\_\_ **For what condition/s?** \_\_\_\_\_

\_\_\_\_\_ **Does he/she approve of your being Rolfed?** \_\_\_\_\_

**Are you taking any prescriptions or over-the-counter medication? Yes / No**

**If yes, what & how often?** \_\_\_\_\_

**Are you currently involved in any type of physical or mental therapy? (acupuncture, psychotherapy, massage, chiropractic, etc.)** \_\_\_\_\_

**Do you exercise? Yes / No What kind of exercise & how often?** \_\_\_\_\_

**Is there some exercise or activity you have stopped doing but would like to do again? What keeps you from restarting?** \_\_\_\_\_

**How would you describe your diet?** \_\_\_\_\_

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What do you do to relax? \_\_\_\_\_

Do you feel tired often? \_\_\_\_\_ How many hours of sleep do you get on average? \_\_\_\_\_

Describe the quality of your sleep? \_\_\_\_\_

Do you have any chronic complaints? (i.e. things you have accepted as constant like headaches, constipation, anxiety)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Circle yes or no for each item, whether current or in the past.**

<b>1</b>	Heart condition	yes / no	<b>21</b>	Respiratory condition	yes / no
<b>2</b>	Thyroid condition	yes / no	<b>22</b>	Shortness of breath	yes / no
<b>3</b>	Urogenital condition	yes / no	<b>23</b>	Asthma	yes / no
<b>4</b>	Ulcer/digestive condition	yes / no	<b>24</b>	Allergies (food, latex, seasonal)	yes / no
<b>5</b>	Cancer	yes / no	<b>25</b>	Warts, rashes, or skin infections	yes / no
<b>6</b>	Diabetes	yes / no	<b>26</b>	Major illness/hospitalization/medical condition	yes / no
<b>7</b>	Arthritis	yes / no	<b>27</b>	Major injury/broken bones/accidents	yes / no
<b>8</b>	Epilepsy/convulsions	yes / no	<b>28</b>	Concussions/head injuries	yes / no
<b>9</b>	High/low blood pressure	yes / no	<b>29</b>	Car accidents/falls/impacts	yes / no
<b>10</b>	Phlebitis	yes / no	<b>30</b>	Surgery (including cosmetics)	yes / no
<b>11</b>	Blood clots (legs or lungs)	yes / no	<b>31</b>	Corrective eyewear (glasses &/or contacts)	yes / no
<b>12</b>	Hemophilia	yes / no	<b>32</b>	Dental work (fillings, crowns, implants, etc.)	yes / no

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<b>13</b>	Osteoporosis	yes / no	<b>33</b>	Anxiety/depression/mental/ nervous condition	yes / no
<b>14</b>	Low back pain	yes / no	<b>34</b>	Other not listed	yes / no
<b>15</b>	Herniated/ruptured/bulging disc	yes / no		<b>Women only:</b>	
<b>16</b>	Sciatic pain	yes / no	<b>35</b>	IUD?	yes / no
<b>17</b>	Pinched nerve	yes / no	<b>36</b>	Pregnant?	yes / no
<b>18</b>	Fibromyalgia	yes / no	<b>37</b>	Difficult pregnancy?	yes / no
<b>19</b>	Multiple sclerosis	yes / no	<b>38</b>	C-section?	yes / no
<b>20</b>	Muscle spasms	yes / no	<b>39</b>	Termination?	yes / no

**If you answered YES to any of the above items, please note the number & elaborate here.**

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**What stressors are in your life right now?** \_\_\_\_\_

**How does your livelihood or your habits/hobbies affect your body?** \_\_\_\_\_

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**What is something that you currently value about your current structure &/or body?** \_\_\_\_\_

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**What are your wishes for your Rolwing experience?** \_\_\_\_\_

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**Additional information &/or comments you would like your Rolfer to know about your current sensations, health history, or anything else?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about Wishall Wellness?** \_\_\_\_\_

**If you were referred, may I thank them for the referral?**

\_\_\_\_\_

**Client's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Client Name** \_\_\_\_\_

### Waivers & Agreements

I understand that Rolfing is not a substitute or replacement for medical treatment. I understand that I am undertaking Rolfing of my own volition. I will inform my Rolfer of any changes to my medical history as it may impact the nature of the work.

Yes \_\_\_\_\_ (initials)

I understand that my Rolfer reserves the right to discontinue a session or sessions if I show up while sick or in a state that my Rolfer considers a liability to myself, or others. I furthermore understand that I may be charged the full session fee should this be the case.

Yes \_\_\_\_\_ (initials)

I understand that there is a 24 hour cancellation policy in effect- that I am responsible for the cost of any session that I fail to give at least 24 hours notice of an intention to cancel. I further understand that my Rolfer understands emergencies happen and that repeated violations or a

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failure to pay a late cancellation fee that has been assessed will result in the termination of future scheduling until such a time as I am no longer in violation of this policy.

Yes \_\_\_\_\_ (initials)

I understand that any Roling package I purchase is non-refundable & must be used with a 12-month period after purchase.

Yes \_\_\_\_\_ (initials)

I understand that I will not hold my Rolfer responsible for any damages that may be incurred during the process of a session or sessions. Furthermore, that Roling is not intended to fix or heal anything but is provided as means of and with the intention of providing relief to certain types of chronic and in some cases acute physical ailment, addressing limitations in range of motion, and movement education . I enter into this arrangement of my own volition.

Yes \_\_\_\_\_ (initials)

I have completed and agreed to the above information to the best of my ability and understanding and will discuss with my Rolfer any concerns or questions, or additions to the information provided above that I may have prior to being worked on.

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

Printed Name: \_\_\_\_\_

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