

Personal Information:

Name: _____ Date: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

How did you hear about me? _____

Have you ever received Rolfing before? Y / N How many times? _____

Please list three things you would like to address in your sessions:

1. _____

2. _____

3. _____

Consent for Rolwing®:

Rolwing® Structural Integration Application and Consent

I, _____ (please print your name) understand the purpose of Rolwing SI is to balance and restore the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct physical touch and body-centered education; balance and ease in the physical body are main goals of this work.

I further understand Rolwing SI is not involved with the treatment of disease of any kind; nor does it substitute for medical diagnosis or treatment when such attention is deemed necessary. A Certified Rolfer™ does not treat, prescribe or diagnose illness, disease, any physical or other related ailment of the person seeking Rolwing SI. Nothing said or done by Ashley Fitzgerald should be understood as counter to this statement.

I understand it is necessary for the Rolfer to touch my body in an appropriate manner in order to assist me in establishing balance and ease in my physical body.

I give Ashley Fitzgerald (Initial)_____ my permission and consent to work with me in such a way as to restore and establish balance and ease in my physical body. I further understand that I may at any time revoke such permission and consent, and can choose to discontinue the session and/or series of Rolwing.

Payment Policy

Rolwing Session Fee for a 75-90 minute session is \$150.00

I, the undersigned, understand and agree to the payment/cancelation policy. I acknowledge that payment for all care received is my responsibility. **Payment is due at the time of service** unless other arrangements have been made in advance. Payment may be made by cash or check.

Cancellation Policy

I have a 24 hour cancellation policy. There will be a cancellation fee for any session that is not cancelled 24 hours before the scheduled appointment or if you are 15 minutes or more late for your appointment you are considered a No-Show.

No show clients will be charged the full session fee.

If a client fails to cancel within the 24 hour window (2 or more times) you will be asked to prepay for the session.

In addition, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not a basic goal of Rolwing Structural Integration.

Date: _____

Client's Signature: _____

The terms Rolwing®, Rolf Institute® and Rolfer™ and the Little Boy logo are service marks of the Rolf Institute of Structural Integration, and are only to be used by members in good standing with the Rolf Institute.