



## What to Expect from Rolwing® Structural Integration

**Rolwing Structural Integration achieves its remarkable results** by manipulating the connective tissues (fascia) which surround and penetrate the muscles and all other structures of the body. Ida P. Rolf considered this network an “organ of posture” that determines how our bodies balance and move through space.

### **What to Wear**

I generally work with people in their underwear. This is so that I can see how your body moves and functions, which gives me important information about what's going on with your physical structure/posture that will help us address your unique structural issues.

That said, I want to make sure though that you feel comfortable and are comfortable with what you wear during the session.

**For Women:** If you don't feel comfortable in underwear, you could wear light running shorts and a sports bra, a tank top or something similar that works for you.

**For Men:** Boxer briefs usually work best. If you're not comfortable in underwear you can wear light running shorts or something similar.

### **Does Rolwing Hurt?**

Like most any form of bodywork, if someone has to contract or resist the work being done due to intensity or pain, it is counter-productive.

I use a comfortable listening touch to accomplish Rolwing sessions. Please be assured that I will always work within *your* comfort zone. The pressure I use is an ongoing conversation with you to achieve the best possible results.

### **Taking Care of Yourself After Your Rolwing Session**

The process of integrating the work done from a session may last up to 48 hours after a session. Many people experience sensations during this time related to their body finding a new balance and alignment with the changes that have been made.

I do not recommend doing any rigorous physical activity 24 hours after a session, as it may interrupt this integration process. If you intend on doing anything beyond walking or light hiking or gentle yoga, please be aware that this process is taking place.

Please drink plenty of water after a session as it will help flush out any toxins and hydrate your connective tissues.

**Welcome to our office, I am looking forward to working with you!**

**Ryu Koyama, Certified Rolfer™**

**ROLFING HEALTH QUESTIONNAIRE - PLEASE PRINT CLEARLY**

2995 Baseline Road, Suite 110, Boulder, Colorado 80303  
(303) 444-0192, [www.wholebodybalance.com](http://www.wholebodybalance.com)



Name \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Weight: \_\_\_\_\_  
 \_\_\_\_\_ Height: \_\_\_\_\_  
 Phone (h)\_\_\_\_\_ (w)\_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email \_\_\_\_\_

Do you have any of the following conditions/illnesses/problems? Circle (Y) for yes or (N) for no

- |                                  |     |                               |     |
|----------------------------------|-----|-------------------------------|-----|
| 1. Heart Condition               | Y N | 12. Respiratory Problems      | Y N |
| 2. High/Low Blood Pressure       | Y N | 13. Eliminary Problems        | Y N |
| 3. Hemophilia (blood disorder)   | Y N | 14. Circulatory Problems      | Y N |
| 4. Diabetes                      | Y N | 15. Digestive Problems        | Y N |
| 5. Cancer                        | Y N | 16. Contact Lenses            | Y N |
| 6. Convulsions                   | Y N | 17. Dentures/Removable Bridge | Y N |
| 7. Thyroid Problems              | Y N | 18. HIV                       | Y N |
| 8. Osteoporosis (bone mass)      | Y N | 19. Headaches/Migraines       | Y N |
| 9. Arthritis                     | Y N | 20. Knocked unconscious       | Y N |
| 10. Osteomyelitis (bone disease) | Y N | 21. Other, explain below      | Y N |
| 11. Phlebitis                    | Y N | _____                         |     |

22. Are you presently under the care of a medical physician/chiropractor/therapist? Y N  
 If yes, for what? \_\_\_\_\_  
 If not, date of last physical \_\_\_\_\_  
 What medications have you taken in the past 6 months? \_\_\_\_\_

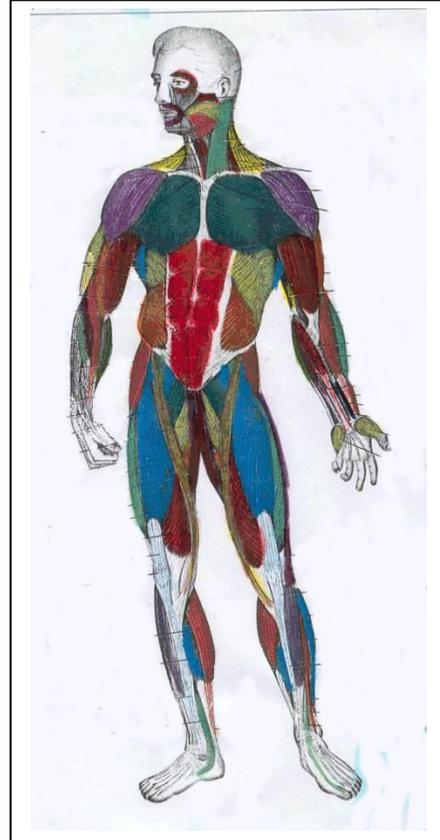
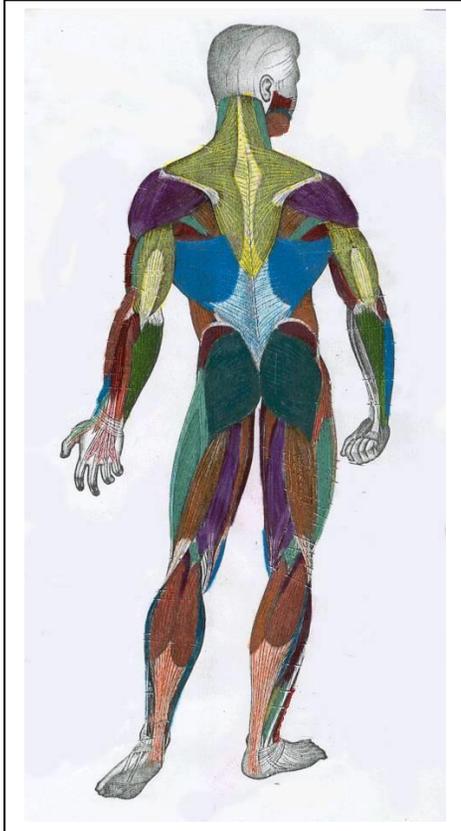
23. Do you have any chronic bodily discomfort? \_\_\_\_\_  
 \_\_\_\_\_

24. What is your current exercise program and diet? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. What do you hope to gain from your Treatments?  
 \_\_\_\_\_  
 \_\_\_\_\_

26. How did you hear about Whole Body Balance?  
 Google \_\_\_ Yahoo \_\_\_ City Search \_\_\_ Dex Online \_\_\_ Other Online Search or Online Yellow Pages \_\_\_\_\_  
 Dex Yellow Pages \_\_\_ Yellow Book Yellow Pages \_\_\_ Verizon Yellow Pages \_\_\_\_\_  
 Other \_\_\_\_\_

Please number the areas of the body that you have had injuries, accidents, and surgeries?



Please explain...

No	Year	Description
1.		
2.		
3.		
4.		
5.		

If I need to cancel or change my appointment for any reason, I will give at least 24 hours notice or be responsible for half the session fee. If scheduled that day, I will give 4 hrs notice.  
I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Guardian if under 18 yr. of age

\_\_\_\_\_  
Date