



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



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? _____

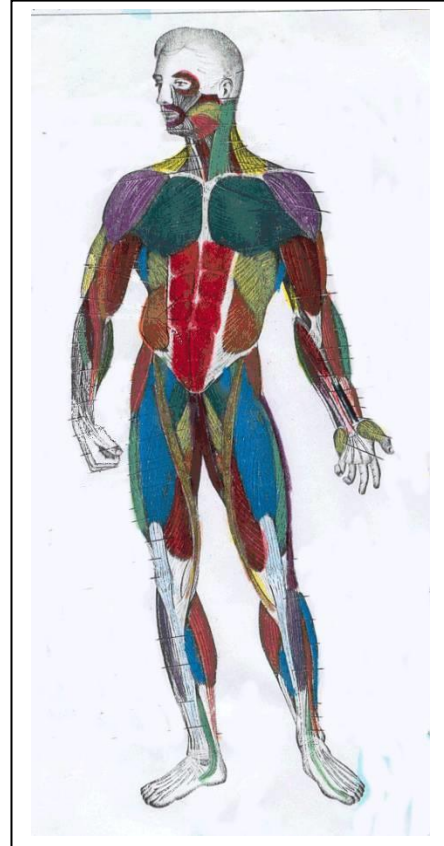
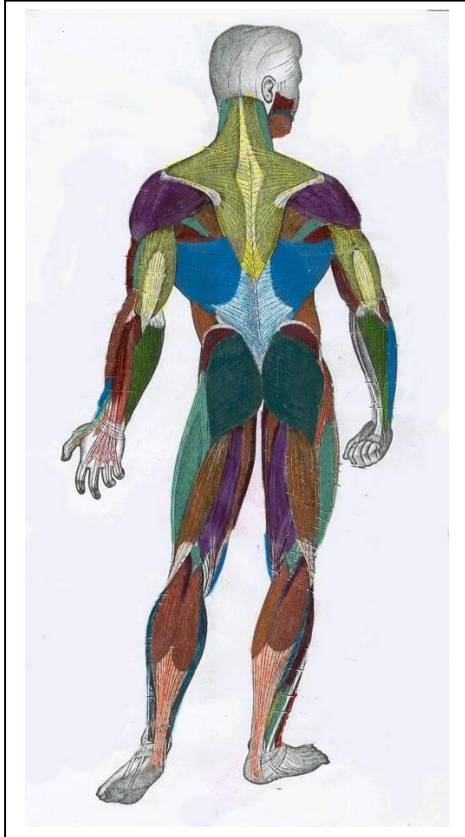
23. Do you have any chronic bodily discomfort? _____

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