



Dear Client,

Here's some helpful information to prepare you for Rolwing® and to get the most out of our work together.

Rolwing is an active process—your awareness is key to creating lasting change. One of the most common questions I hear is: *"How do I make the changes last?"* The answer starts with noticing and honoring what has shifted.

What to Expect During the Process

As we work together, your body will be in a period of readjustment. Structures and movement patterns will shift. Activities you do every day may feel different and deserve more of your attention.

Journaling

Some clients find it helpful to keep a journal of dreams, sensations, and changes in awareness throughout the process. It can help focus your attention and track your progress.

What to Wear

Please wear underclothes that allow me to assess posture, alignment, and movement.

- Women: bra and underwear or a two-piece swimsuit (minimal straps preferred).
- Men: briefs or fitted shorts (no loose boxers).
- Loose-fitting shorts are also fine.

Avoid applying lotion or oil to your arms and legs the day close to the time of your session.

If You're Feeling Unwell

If you think you may be coming down with a cold or flu, it's best to reschedule. If unsure, please call to discuss.

Emily Wishall
Certified Rolfer
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720-236-4847
www.WishallWellness.com

Mandala Integrative Clinic
825 S. Broadway
1st Main Floor
Boulder, CO 80305

**Session Length**

Sessions last 75 minutes. I schedule in 90-minute blocks so we don't feel rushed. Your first session may be closer to 90 minutes.

Scheduling

Most people come weekly, though timing can vary. Once you begin, it's best to maintain consistency for optimal results.

Cancellation Policy

Please give at least 24 hours' notice to reschedule or cancel.

Sessions canceled within 24 hours will be charged in full.

After a Session

Allow yourself time afterward to integrate—this might include journaling, taking a walk, or resting. A warm Epsom salt bath later in the day can help ease any muscle soreness.

Exercise

Gentle exercise is beneficial between sessions, but avoid pushing your limits. Give your body space to adapt to the changes.

Continuing the Series

After your first session, you'll know if Rolfing feels right for you. The best, most lasting results come from completing the 10-Series on a regular schedule. If you anticipate a break, let me know so we can plan accordingly.

Possible Side Effects

You may feel mild muscle soreness, increased energy, or a desire to rest. Some clients experience emotional highs or lows between sessions—this is part of releasing old patterns and integrating new awareness.



Fee (Beginning October 2025)

Standard Rate (credit card):

- \$175 / session
- 3-session package = \$515
- 10-session package = \$1,675

Preferred Payment Discount (Venmo, Zelle, check, or cash):

- \$170 / session
- 3-session package = \$495 (\$165/session)
- 10-session package = \$1,600 (\$160/session)

Packages are non-refundable.

Ways of Working Together

Most clients go through the Roling 10-Series, where I see the most profound and lasting changes. However, this is not required—I will work with you to create a plan that fits your goals and resources. After the 10-Series, many clients return monthly for maintenance to keep the body progressing and prevent old patterns from returning.

Directions

My office is in the Mandala Clinic on the first floor at 825 S. Broadway, Boulder, CO 80305 (inside the Mock Realty building). Enter from the east side, through the door facing Broadway. Please take a seat in the front waiting area, and I'll greet 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

Name:	DOB:
Address:	Age:
City,State,Zip:	Occupation:
Phone:	Email:

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 Roling & what do you hope to experience from the work?

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?



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.

1	Heart condition	yes / no	21	Respiratory condition	yes / no
2	Thyroid condition	yes / no	22	Shortness of breath	yes / no
3	Urogenital condition	yes / no	23	Asthma	yes / no
4	Ulcer/digestive condition	yes / no	24	Allergies (food, latex, seasonal)	yes / no
5	Cancer	yes / no	25	Warts, rashes, or skin infections	yes / no
6	Diabetes	yes / no	26	Major illness/hospitalization/medical condition	yes / no
7	Arthritis	yes / no	27	Major injury/broken bones/accidents	yes / no

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8	Epilepsy/convulsions	yes / no	28	Concussions/head injuries	yes / no
9	High/low blood pressure	yes / no	29	Car accidents/falls/impacts	yes / no
10	Phlebitis	yes / no	30	Surgery (including cosmetics)	yes / no
11	Blood clots (legs or lungs)	yes / no	31	Corrective eyewear (glasses &/or contacts)	yes / no
12	Hemophilia	yes / no	32	Dental work (fillings, crowns, implants, etc.)	yes / no
13	Osteoporosis	yes / no	33	Anxiety/depression/mental/nervous condition	yes / no
14	Low back pain	yes / no	34	Other not listed	yes / no
15	Herniated/ruptured/bulging disc	yes / no		Women only:	
16	Sciatic pain	yes / no	35	IUD?	yes / no
17	Pinched nerve	yes / no	36	Pregnant?	yes / no
18	Fibromyalgia	yes / no	37	Difficult pregnancy?	yes / no
19	Multiple sclerosis	yes / no	38	C-section?	yes / no
20	Muscle spasms	yes / no	39	Termination?	yes / no

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



What stressors are in your life right now?

How does your livelihood or your habits/hobbies affect your body?_____

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

What are your wishes for your Roling experience?

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?

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Client's Signature _____ **Date** _____

Printed Client Name

Waivers & Agreements

I understand that Roling is not a substitute or replacement for medical treatment. I understand that I am undertaking Roling 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 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:
