

# **Tomoko Baldrige, Certified Rolfer, LMT**

## **Rolfing® Structural Integration Application and Consent**

I, \_\_\_\_\_ (please print your name) apply for a series of sessions in Rolfing Structural Integration with Tomoko Baldrige, Certified Rolfer.

I understand the purpose of Rolfing Structural Integration 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 understand it is necessary for Tomoko Baldrige, C.R. to touch my body in an appropriate manner in order to assist me in establishing balance and ease in my physical body. I understand it is my responsibility to communicate with Tomoko Baldrige, C.R. as to the appropriateness of the pace and intensity of sensations I experience during the work. 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 Rolfing Structural Integration.

I understand Rolfing Structural Integration 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 Rolfing Structural Integration. Nothing said or done by Tomoko Baldrige, C.R. should be understood as counter to this statement.

I give Tomoko Baldrige, C.R. 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 the series of Rolfing Structural Integration sessions.

All records maintained by the Rolfer regarding the client below are confidential and will require prior written approval from the client to be released to anyone other than the client.

Cancellation Policy: I understand that a minimum of 24 hours notice is required for cancellations. I agree to pay a \$50 fee for any sessions canceled with less than 24 hours notice or for “no show” appointments. Your appointment time has been set aside especially for you. If you are unable to keep the appointment, please consider providing enough notice so others who are waiting have the opportunity to reserve that time.

Applicant's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Parent/Guardian (if under 18 yrs of age) \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Rolfer's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

E-mail: [tomokorolfer@mac.com](mailto:tomokorolfer@mac.com) Phone: 850-559-7076

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