

AYABE Bodywork

Bettina Schneider
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Consent Form for Rolfing Evaluation and Treatment

I, _____ give my consent for Bettina Schneider, Certified Rolfer and Rolf Movement Practitioner, to perform a structural examination for the purpose of evaluation and therapeutic Rolfing treatment (Myofascial Release) of my condition.

1. The purpose, procedure and risks of this procedure have been explained to me.
2. I understand that I may terminate the procedure at any time.
3. I understand that I am responsible for immediately telling the examiner if I am having any discomfort, pain or unusual symptoms during the session.
4. I honor the 24-hour policy for canceling and rescheduling sessions, unless I have an attested emergency.

I have read this consent form and understand its terms,
and I am signing it knowingly and voluntarily.

Patient Signature: _____

Date: _____