



RYAN'S ROLFING

HEART CENTERED HEALING

INFORMATION AND DISCLOSURE

Welcome and thank you for trusting me with your care. I want to advise you of the following:

EDUCATION, TRAINING, & EXPERIENCE

- Certified Massage Therapist (CMT) with the California Massage Therapy Council (CAMTC)
- Graduate of the Massage Therapy Institute of Davis (2014)
- Certified with the Ida P. Rolf Institute of Structural Integration (2018)
- Experienced Registered Yoga Teacher (E-RYT 200) with over 1000 hours teaching yoga and meditation in a classroom setting
- Bachelors Degree (Focus in Modern Literature) with the University of California, Santa Cruz (2006)
- Masters Degree (Focus in Finance) with National University (2012)
- Continuing education with the Upledger Institute of Craniosacral Therapy, and Osteopathic Manual Medicine with Ronald Murray.
- Currently enrolled in the Somatic Experiencing Training Program with Somatic Experiencing International.

I am not a licensed physician, DO, or practicing medicine. The treatment I provide is considered 'alternative therapy' or a 'complementary therapy' to healing arts services licensed by the state.

SERVICES:

- Provide comprehensive manual treatment to restore healthy position, mobility, and vitality of the tissues. The intention is to return the body toward the natural state of health.
- Identify and treat structural, fluidic, or biomechanical components that may be the root cause or causes of pain, injury, and dysfunction per my education at the Ida P. Rolf Institute of Structural Integration and continued education of advanced Rolfing concepts combined with the perspectives and treatments of the Osteopathic Manual Medicine Traditions as taught by Ron Murray.
- Play a supportive role in my clients chosen health team that may include traditional and/or alternative modalities. I am not a stand-alone treatment option and will NOT replace appropriate medical intervention.
- Support the body's own self-organizing-systems to facilitate an optimal state of health. The significance and value of this treatment can be found in its application toward health maintenance, athletic performance, and maximizing each person's potential.

THEORY BEHIND TREATMENT:

There is a relationship between the structure and function of the body. The objective is to find and treat the related structures and mechanisms that are relevant and causative of the chief complaint or symptom. The theory of my comprehensive manual treatment is based on studies that support the use of manual techniques to correct position, mobility, and vitality of the related structures to increase healthy function of the body and thereby reducing or resolving the symptoms and/or dysfunction.

WHAT TO EXPECT DURING YOUR TREATMENT:

- A consultation discussion to determine the purpose and intention of your visit, such as:
 - ✓ Health maintenance and/or athletic optimization
 - ✓ Therapy of pathology or injury
 - ✓ Surgery and traumatic recovery
 - ✓ Support of degenerative diseases
- A question-and-answer intake of chief complaints and history of symptoms and related events. A general survey of health issues, diagnoses, reports, and the medical interventions you received throughout your life.
- A physical assessment and analysis will be conducted that includes
 - ✓ Relevant motion and functional testing analysis
 - ✓ Palpation testing of relevant structures within the musculoskeletal, cranial-sacral, organ & nervous system.
- Gentle manual therapy will be administered to the relevant systems and structures within the scope of my education and training. Treatments may include techniques effecting the musculoskeletal, cranio- sacral, visceral (organ), fascial, ligament, articular, fluidic, and nervous systems, and patient education.
- On completion of the first treatment, I will share my findings, structures treated, and prognosis if requested.
- The session will complete with a discussion of any questions you may have and discuss appropriate treatment plan if subsequent treatments are indicated.

To use my services, you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy upon request. If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your primary care practitioner that you are receiving treatment.

ACKNOWLEDGEMENT AND CONSENT TO RECEIVE SERVICES:

I have consented to use the services offered by Ryan Caputi and agree to be personally responsible at the time of service for the fees in connection with the services provided to me. I understand that Ryan works by appointment and that a 48-hour notice is requested to cancel or reschedule of appointments. If I am unable to provide a 48-hour notice, I agree to pay the full fee for the treatment (Substitutions are permissible).

I have read and understand the above disclosure about the services offered by Ryan Caputi.

SIGNED: _____ DATE: _____

Indicate relationship if signing for someone else: _____

INITIAL HERE: _____

I was offered a copy of this consent form and declined to keep it for my records.

INITIAL HERE: _____

I acknowledge that the Ryan Caputi has a copy of this consent form for my reference.

INITIAL HERE: _____

I acknowledge and understand the 48-hour cancellation / reschedule policy.