

Massage & Shiatsu Registration Form Instructions

Before scheduling your first appointment:

- Complete the [Client Information & Acknowledgment](#) and [Health History Form](#). Submit via email, fax, mail, or in person.

To schedule your First appointment:

- Call 617.495.9629 or visit the Center for Wellness on 7th floor of 114 Mt. Auburn Street, Cambridge. Online scheduling is not available.
- Choose from available dates and times that are most convenient for you. (biographies at cw.huhs.harvard.edu/about/staff.html)
 - **Massage Therapy** at Center for Wellness, 114 Mt. Auburn Street, Cambridge: Monday-Friday 8:30am-9pm, Sat. 9am-4pm
 - **Massage Therapy** at Harvard Business School, Cumnock Hall (HBS affiliates *only*): Friday 12:30pm - 4pm
 - **Shiatsu** at Center for Wellness, 114 Mt. Auburn Street, Cambridge: Monday 4:00 - 8:00pm
- If you are pregnant, have a serious injury or illness, or any other significant relevant condition, please explain when scheduling.
- The ability to pay by Term Bill (students) or Payroll Deduction (employees) must be verified, otherwise payment is due upon **scheduling** (vs/mc, check). Most special students, retirees, family, and some fellows are required to pay upon scheduling.
- Please confirm the cost of the appointment when scheduling.

Arriving for your appointment::

- Arrive at least 5 minutes before your appointment time to confirm payment method, use bathroom, relax, etc. Public parking, at current rates, may be available at garages (entrances off University Rd, and Eliot St). We cannot validate parking, or guarantee the availability or proximity of parking. Side streets have metered parking spots, but most with a one hour limit.
 - **Massage Therapy (114 Mt Auburn)** -- Enter building at street level on Mt. Auburn Street. In the evening and on Saturdays, use intercom system for access. Proceed to 7th floor. CW suite is opposite the HUHS Dental dept.
 - **Shiatsu (114 Mt Auburn)** -- Enter building at street level on Mt. Auburn Street. After 5:30pm, use intercom system for access. Proceed to 7th floor, exit left out of elevator for CW reception and waiting area.
 - **Massage Therapy (HBS)** -- Arrive at HBS, Cumnock Hall (33 Harvard Way, Boston MA). Parking is available in the HBS visitor lot, at current rates. Enter Cumnock Hall and proceed to the Health Services waiting room.
- Do not arrive for an appointment with excessive body odor or sweat, or with food or drink, because odors can persist into the following appointment and percolate into other rooms. Please respect the experience of other clients.

During Your appointment:

- For each appointment, the client and therapist will have a **confidential discussion** about: 1) information on your Health History form, 2) your reason for the appointment (pain, stress, injury, etc.), 3) your preference for massage style (relaxation, deep tissue, sports, energy work, etc.), and pressure (light, moderate, firm, deep), and 4) the areas to focus on or avoid. If you request a full-body treatment, massage of the scalp, face, neck, upper chest, shoulders, arms, hands, back, hips, legs, and feet may occur.
- Once the **intake discussion** is complete, the therapist will leave the room so that you may undress in private (it is not necessary to disrobe for Shiatsu). Your therapist will always use a top sheet for warmth and modesty, only exposing the area on which he/she is currently working. Please, **disrobe down to your own personal comfort level**, removing some or all of your clothing. The therapist may not be able to work on certain areas if clothing obstructs them. The therapist will never ask you to remove clothing and will do his/her best to work around it. Once you have disrobed, lie on the table under the sheet, either face up, face down, or on your side as your therapist instructed. After a few minutes, your therapist will knock on the door to ask if he/she can re-enter the treatment room for the hands-on portion of the appointment.
- If you are uncomfortable for any reason (temperature, pressure, pain, etc.), **communicate to your therapist** openly. Our therapists modify their work to each individual. They rely on your honest feedback to deliver the most effective treatment.
- **Hands-on time will vary** according to the length of the intake discussion and other factors. Once the hands-on treatment is complete, the therapist will again leave the room, giving you privacy to redress. Open the treatment room door as soon as you are dressed.
- Each appointment will end with a **confidential exit discussion** after the therapist has re-entered the room to discuss changes you feel, and to recommend self-care and a treatment plan.

Other helpful information:

- Gratuities are never accepted. However, we appreciate any email feedback to cw@uhs.harvard.edu, or anonymous evaluation form.
- The Center for Wellness cannot validate parking or guarantee availability of parking.
- Cancelling or rescheduling an appointment must be done with at least **24-hours** notice. Otherwise, you will be held responsible for the **full cost** of the appointment.
- Gift certificates are available for purchase (no discounts).

Massage & Shiatsu Registration Form Client Information & Acknowledgement

Contact Information

Name _____ HUID# _____

Campus/Work Address _____

(if no campus address, please use home address)

Tel (W) _____ Tel (H) _____

Email _____

University Affiliation

Payment due at appointment for current staff & students.

- Faculty / Staff, HUGHP? Yes No
 Undergraduate Student, Harvard College
 Graduate Student, Harvard University

Payment due upon **scheduling** for other affiliations listed below.

- Family Member, HUGHP? Yes No
 Retiree Alumni (if no other affiliation, +\$10)
 Other (post-doc, etc.) _____

Harvard School or Department

- | | | | |
|--|------------------------------|------------------------------------|--|
| <input type="checkbox"/> Business School | <input type="checkbox"/> FAS | <input type="checkbox"/> HMS | <input type="checkbox"/> VP Gen. Counsel |
| <input type="checkbox"/> Central Admin. | <input type="checkbox"/> GSD | <input type="checkbox"/> HSPH | <input type="checkbox"/> VP Administration |
| <input type="checkbox"/> College Libraries | <input type="checkbox"/> GSE | <input type="checkbox"/> Radcliffe | <input type="checkbox"/> VP Alumni Affairs |
| <input type="checkbox"/> Dental School | <input type="checkbox"/> HKS | <input type="checkbox"/> HUHS | <input type="checkbox"/> VP Financial |
| <input type="checkbox"/> Divinity School | <input type="checkbox"/> HLS | <input type="checkbox"/> HUDCE | <input type="checkbox"/> Other _____ |

Acknowledgement of Payment Procedure & 24-Hour Cancellation Policy

Massage/Shiatsu Appointment: 1 hr. appt. **\$80** **\$60/HUSHP Student** **\$60/HUGHP Member**

Faculty/Staff: Preferred payment method: Payroll Deduction Visa/Mastercard Check

Students: Preferred payment method: Term Bill Visa/Mastercard Check

Retirees/Alumni/Family: Payment due upon **scheduling**: Visa/Mastercard Check

Selecting Payroll Deduction or Term Bill and providing your signature authorizes a charge for the initial appointment and future payroll deductions or term bill charges. Credit card numbers CANNOT be held on file and must be provided for each appointment by phone or in person. Cash is not accepted.

While we understand that scheduling changes happen, 24-hour notice is required to cancel or reschedule an appointment. Because we would like to accommodate other clients if you cannot keep your appointment, please call **(617) 495-9629** at least **24 hours** before the appointment time if you need to cancel or reschedule. During non-business hours, please leave a voice mail which will record the time of your message and can confirm your compliance with this policy.

Without 24-hour notice of cancellation, you are responsible for full payment. A payroll deduction or charge to your student term bill will be made if no other payment is provided.

Name/Signature _____ Date _____

Massage & Shiatsu Registration Form
Health History

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Please complete both pages of this form. In order to provide the highest quality care, the therapist will use this information to assess your needs before hands-on work begins.

Any information that is provided will be kept confidential.

Date: _____

Name: _____ Age: _____

Campus/Work Address: _____

Tel #: _____ HUID: _____

Were you referred by a clinician? Yes No Reason: _____

Name of clinician: _____ Health Plan: _____

Are you currently under the care of a health practitioner not listed above? Yes No

Name and Specialty of Health Practitioner: _____

Occupation and activity (e.g. heavy lifting): _____

What are your specific areas of tension? _____

On a scale of 1-10 (1=least), what is the amount of stress/tension in your life? _____

Do you exercise? Yes No How often? _____ What type? _____

Other recreational activities: _____

What medications are you currently taking? _____

Do you wear contact lenses in your eyes? Yes No Do you wear dentures (false teeth)? Yes No

Have you had massage or Shiatsu before? Yes No How long ago? _____

What did you particularly like or dislike? _____

Other information that you feel would be helpful to the therapist? _____

(Please Continue on Next Page)

Massage & Shiatsu Registration Form

Health History

General Symptoms: Please mark whether or not you are experiencing any of these general symptoms at the present time and add comments to clarify (i.e. locations on the body, names of conditions, clinician-specific advice).

Any swelling or tendency to swell? Yes No Comments: _____

Any sites of pain or tenderness? Yes No Comments: _____

Any sites of numbness? Yes No Comments: _____

Any sites of infection? Yes No Comments: _____

Specific Medical Conditions: Please mark your history with the following conditions and add comments to clarify.

Skin Conditions (rashes, infections including oral Herpes or Shingles, itching) Yes No Comments: _____

Known Allergies Yes No Comments: _____

Cardiovascular Conditions (high blood pressure, heart cond., angina, phlebitis, blood cond.) Yes No Comments: _____

Liver or Kidney Conditions Yes No Comments: _____

Respiratory/Lung Conditions Yes No Comments: _____

Cancers or Tumors (malignant or benign) Yes No Comments: _____

Diabetes Yes No Comments: _____

Arthritis Yes No Comments: _____

Pregnancy Yes No Comments: _____

Injuries (e.g. disc problems, fractures, knee problems, tendonitis) Yes No Comments: _____

Headaches (e.g. chronic, severe, etc.) Yes No Comments: _____

Other Medical Conditions (not listed above) Yes No Comments: _____

Our licensed, certified massage therapists will work on areas of tension, pain, or limited motion using various techniques, including stroking, kneading, friction, and/or percussion. These massage techniques increase circulation, improve mobility, and induce deep relaxation. All of the therapists at the Center for Wellness are able to work with mild, moderate, or firm pressure. Some of the therapists are trained in additional fields (such as cranio-sacral and energy work) and may use that training to further enhance your massage experience, with your consent. Our therapists will check with you periodically throughout your massage to ensure that they are using the appropriate technique and pressure for you, as you agreed upon at the beginning of the appointment. This is the perfect time to give honest feedback to the therapist. Changes can and will be made to fit your needs. If you do not like what the therapist is doing or how it feels, at any point during your treatment, you should let them know immediately.

I have read the Instructions for Scheduling a Massage Appointment and the paragraph above and will let my therapist know if I am not comfortable with his or her technique, pressure level or any other aspect of the massage.

Signed: _____ Date: _____