

INSTRUCTIONS FOR SCHEDULING A MASSAGE APPOINTMENT

AT HARVARD UNIVERSITY HEALTH SERVICES (HUHS), HOLYOKE CENTER
AND HARVARD BUSINESS SCHOOL (HBS) HEALTH SERVICES, CUMNOCK HALL

Thank you for your interest in scheduling a Massage Therapy appointment through the Harvard Wellness Program. We want your appointment to be as enjoyable as possible. As part of our ongoing efforts in this regard, we have developed a quick guide to the process.

BEFORE SCHEDULING YOUR APPOINTMENT (FIRST TIME CLIENTS ONLY):

- ❑ Print out and complete [Introductory Appointment Paperwork](#)
- ❑ Submit [Introductory Appointment Paperwork](#) to:
Center for Wellness & Health Communication (CWHC)
Harvard University Health Services (HUHS)
75 Mount Auburn Street, 2nd Floor
Cambridge, MA 02138
Phone: 617.495.9629
Fax: 617.495.1135
- ❑ Print out and complete [Health History Form](#) (to bring to your first appointment)

TO SCHEDULE YOUR APPOINTMENT:

- ❑ For all appointment scheduling, call 617.495.9629 or stop by the Center for Wellness & Health Communication (CWHC), Harvard University Health Services (HUHS), 75 Mount Auburn St, 2nd floor, Cambridge MA.
- ❑ A staff member will help you choose from available dates and times that are most convenient for you with your preferred therapist.
 - At HUHS, Holyoke Center: Massage Therapy appointments are available: Monday 8am - 9pm, Tuesday & Wednesday 3pm - 8pm, Thursday 9am - 8:30pm, Friday 2:30 - 8pm, and Saturday 8am - 5pm, Sunday 11am - 4pm.
 - At HBS Health Services, Cumnock Hall: Massage Therapy appointments are available Fridays at 12:30pm, 1:30pm, 3:00, & 4:00pm.
- ❑ If you are pregnant, have a serious injury or illness, or any other condition you feel we should be aware of, please inform the staff member when scheduling your appointment.
- ❑ Submit payment via Visa, Mastercard, check, term-bill or payroll deduction at the time your appointment is made. Cash is not accepted.
- ❑ If you need to reschedule or cancel your appointment a [24-hour notice](#) is required, otherwise you will be held responsible for payment. We do understand that scheduling changes happen; however, our time slots are limited and we would like to be able to accommodate other participants if you cannot make your appointment. Please call 617.495.9629 as soon as possible and leave a message with the staff or on voice mail if you need to cancel.

ARRIVING FOR YOUR APPOINTMENT:

IF YOUR APPOINTMENT IS AT HARVARD UNIVERSITY HEALTH SERVICES, HOLYOKE CENTER:

- ❑ Arrive at HUHS, 75 Mount Auburn St at least 5 minutes before your appointment. Metered parking is available on the side streets free of charge after 6pm. Garage parking is available in Holyoke Center Garage for \$3 per 30 minutes for those who have a Harvard ID. The CWHC cannot validate parking for any type of appointment. The garage is open to everyone; please allow additional time for security clearance if parking in the garage.

- ❑ Enter HUHS through the Urgent Care Entrance. The entrance can be found by going down the parking ramp beneath HUHS, off of either Holyoke or Dunster St.
- ❑ Proceed to the second floor of HUHS where your massage will take place and have a seat. The therapist will come to greet you.
- ❑ If you are a first time client, please be sure that you have your Health History Form with you to review with your therapist.

IF YOUR APPOINTMENT IS AT HARVARD BUSINESS SCHOOL HEALTH SERVICES, CUMNOCK HALL:

- ❑ Arrive at HBS, Cumnock Hall, 33 Harvard Way, Boston, MA 02164 at least 5 minutes before your appointment. Parking is available on side streets.
- ❑ Enter Cumnock Hall and proceed to the Health Services waiting room.
- ❑ If you are a first time client, please be sure that you have your Health History Form with you to review with your therapist.

DURING YOUR APPOINTMENT:

- ❑ Relax and be seated outside the CWHC office, where your therapist will greet you, at your scheduled appointment time. The appointment will begin with a discussion about the information you provided on the Health History form. Use this opportunity to discuss:
 - your motivation for scheduling the appointment (pain, stress, an injury, etc.)
 - your preference on massage style (relaxation, deep tissue, sports, energy work)
 - your preference on pressure level (light, moderate, firm, deep)
- ❑ If you are pregnant, have a serious injury or illness, or any other condition of which the therapist should be made aware, please mention it at this time. A few extra minutes may be required before the start of a pre-natal treatment (and others that require special preparation and caution).
- ❑ It is important that you mention any areas of your body that you especially do or do not want massaged. If you request a full-body massage, the session may include work on the scalp, face, neck/collarbone area, shoulders, arms, hands, back, hips, legs, and feet. However, based on your input, the massage routine will be tailored according to your specific needs and your comfort level. Our massage therapists highly encourage your feedback on what you would like the massage to include or exclude.
- ❑ Once the intake discussion is complete, the therapist will leave the room so that you may undress in private. Rest assured, your therapist will always use a sheet and blanket as draping for warmth and modesty, only exposing the area on which he/she is currently working. You may disrobe down to *your own* personal comfort level, removing some or all of your clothing. However, please be aware that the therapist may not be able to work on certain areas if clothing obstructs them. The therapist will never, however, ask you to remove clothing and will do their best to work around it. Once you have disrobed, lie on the massage table either face up, face down, or on your side as your therapist instructed - completely underneath the top sheet and blanket. After a few minutes, the therapist will knock on the door and ask if he/she can reenter the treatment room.

- ❑ Throughout your entire appointment, if you are uncomfortable for any reason (perhaps you are cold, or the pressure is too little or too much, maybe you are experiencing pain, etc.), you should always feel free to communicate this openly to your therapist. It is your right. Keep in mind that this is *your* massage. Our therapists have been trained to modify their work accordingly and so rely on your honest feedback to deliver the most effective treatment. Your therapist will periodically check-in with you to confirm that the session is in line with what you requested at the beginning of the appointment and that your expectations are being met.
- ❑ Once the treatment is complete, the therapist will again leave the room, giving you privacy to redress. Please, open the treatment room door as soon as you are done. The therapist will then reenter the room so that you can briefly discuss any changes you feel, recommended self-care, and a treatment plan. You are encouraged to provide feedback to the therapist about the massage at this time.

TO SCHEDULE ADDITIONAL APPOINTMENTS:

- ❑ Call 617.495.9629 or stop by the CWHC to make additional appointments. After your first appointment, you will not be required to complete any further paperwork. Payment is always due at the time an appointment is made.

OTHER HELPFUL INFORMATION:

- ❑ All massage therapists are licensed within the city of Cambridge and/or Boston, have received certification from the National Certification Board for Therapeutic Massage and Bodywork, and have extensive training in diverse areas. To find out more about them, review biographies for each massage therapist on our website, www.uhs.harvard.edu.
- ❑ Although gratuities are not accepted, your feedback is always appreciated.
- ❑ Gift certificates are available by calling 617.495.9629 or by stopping by the CWHC on the 2nd floor of HUHS.
- ❑ Please feel free to contact us at 617.495.9629 or at cwhc@uhs.harvard.edu if we can provide any further information.

Please fax or send this form before scheduling an appointment

Harvard Wellness Program
75 Mt. Auburn Street, 2E
Cambridge, MA 02138
Phone: 617.495.9629
Fax: 617.495.1135

INTRODUCTORY APPOINTMENT PAPERWORK

for office use only
Client # _____
Entry # _____

A. PERSONAL INFORMATION:

Name: _____ Harvard ID: _____

Campus/Work Address: _____
(if no campus address, please use home address)

Telephone (W): _____ (H): _____

Email Address: _____ HUGHP member: Y N

B. UNIVERSITY AFFILIATION:

- Faculty Staff Retiree Alumni Other
- Family Member Graduate Student Undergraduate Student

C. HARVARD SCHOOL OR DEPARTMENT:

- Business School FAS HSPH VP Administration
- Central Administration GSD KSG VP Alumni Affairs
- College Libraries GSE Radcliffe VP Financial
- Dental School HLS UHS Other
- Divinity School HMS VP General Counsel

D. PAYMENT INFORMATION:

Massage Therapy Appointment: One-hour Appt \$60 (HUGHP members \$55, alumni \$70) Half-hour \$37

Payment Methods Visa or MC # _____ Exp. _____ VIN: _____
(3 digit code)

- Accepted:
- Check *(payable to CWHC, due when appointment is scheduled)*
 - Term Bill *(current Harvard students only)*
 - Payroll Deduction *(current Harvard employees only, Fellows & temporary staff N/A)*
 - Gift Certificate # _____

Signature (for MC, Visa, PD, or TB) _____

E. ACKNOWLEDGEMENT OF 24-HOUR CANCELLATION POLICY

While we do understand that scheduling changes happen, a 24-hour notice is required if the need to cancel or reschedule an appointment arises. Our time slots are limited and we would like to be able to accommodate other participants if you cannot make your appointment. For this reason, we ask that you call **495-9629** at least 24 hours before the time of the appointment if you need to cancel or reschedule the appointment. During non-business hours, you can leave a message on voice mail and the time of your cancellation can be accurately confirmed through this system.

Without 24-hour notice of cancellation, you will be responsible for payment of the appointment.

I, _____ *(Name)* have read and understand that I am responsible for payment of a massage therapy appointment without at least a 24-hour notice of cancellation.

Signed by _____ Date _____

THANK YOU FOR YOUR INTEREST IN THE HARVARD WELLNESS PROGRAM!

Please bring this form with you to the appointment

Harvard Wellness Program
75 Mt. Auburn Street, 2nd Floor
Cambridge, MA 02138
Phone: 617.495.9629
Fax: 617.495.1135

**HEALTH
HISTORY
FORM**

Please complete both pages of this form. This information will help the massage therapist assess your needs before any hands-on work is done in order to provide you with the highest quality of care. **Any information that is provided will be kept confidential.**

Date: _____

Name: _____ Age: _____

Campus/Work Address: _____

Phone Number: _____ Harvard ID: _____

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 occupational activity (e.g. heavy lifting): _____

What are your specific areas of tension? _____

What medications are you currently taking? _____

Do you wear contact lenses? Yes No Do you wear dentures? Yes No

On a scale of 1 to 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: _____

Have you ever had a massage before? Yes No If yes, how long ago? _____

Was there anything that you particularly liked or didn't like about it? _____

Is there anything else that you feel would be helpful for the massage therapist to know? _____

(Please Continue on Next Page)

GENERAL SYMPTOMS

Please mark whether or not you are experiencing any of the following general symptoms at the present time and add any comments that might further clarify (i.e. locations on the body, names of conditions, clinician-specific advice about the condition).

COMMENTS

- | | | | |
|-----------------------------------|------------------------------|-----------------------------|-------|
| Any swelling or tendency to swell | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Any sites of pain or tenderness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Any sites of numbness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Any sites of infection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

SPECIFIC MEDICAL CONDITIONS

If you have ever had any of the following conditions, please mark whether it was past or current and add any comments that might further clarify.

COMMENTS

- | | | | | |
|--|----------------------------------|-------------------------------|-----------------------------|-------|
| Skin Conditions
(e.g. rashes, infections including oral Herpes or Shingles, itching, etc.) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Known Allergies | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Cardiovascular Conditions
(e.g. high blood pressure, heart condition, angina, phlebitis, blood condition, etc.) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Liver or Kidney Conditions | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Respiratory/Lung Conditions | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Cancers or Tumors
(either malignant or benign) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Diabetes | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Arthritis | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Pregnancy | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Injuries
(e.g. disc problems, fractures, knee problems, tendonitis) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Headaches
(e.g. chronic, severe, etc.) | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |
| Other medical conditions not mentioned above | <input type="checkbox"/> Current | <input type="checkbox"/> Past | <input type="checkbox"/> No | _____ |

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 CWHC are able to work with mild, moderate, firm, or deep 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-in with you periodically throughout your massage to insure 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 your 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: _____