



# massage therapy & wellness services

**LIVINGSTON REC CENTER** 📍 62 Road 3, Piscataway, NJ 📞 848-445-2398

**COOK/DOUGLASS REC CENTER** 📍 50 Biel Road, New Brunswick, NJ 📞 848-932-8600

## WELLNESS SERVICES POLICIES

- Reservations for massage can be made in person at the Livingston Recreation Center front desk, Cook/Douglass front desk or the Werblin Recreation Center office, or by calling each:
  - Livingston Recreation Center: **848-445-2398**
  - Cook/Douglass Recreation Center: **848-932-8700**
  - Werblin Recreation Center: **848-445-0462**
- Payment must be made when scheduling an appointment. Payment options include payment with cash, check, RU Express or credit card (Visa or Mastercard only) when scheduling in person at the recreation centers. Payment must be made with RU Express or credit card when scheduling over the phone.
- If there are no available appointments on the day you request, you may ask to be placed on the waiting list for that day. If an appointment becomes available, we will contact you via phone.
- If an appointment is completely missed, refunds will not be issued. If an appointment cannot be kept, arrangements can be made to reschedule for another appointment time. Please contact us to reschedule your appointment prior to your actual appointment.
- If you are late for your appointment, you may receive your treatment when you arrive. However, your treatment will still end at the scheduled time. Please call the recreation center where your appointment is scheduled if you are running late.
- Please read the following information and fill out its entirety the Consent Form and Personal Information and Medical History Form. We will keep information on file for future visits.
- Please Contact Teri Meade at [teri.meade@rutgers.edu](mailto:teri.meade@rutgers.edu) or call **848-445-2398** with any questions or concerns.

## WHAT TO EXPECT DURING YOUR WELLNESS SERVICE

Receiving a wellness treatment may be a new experience for you. You may be feeling apprehensive or nervous because you may not know what to expect. Please be assured that the wellness professional will do everything possible to insure that your experience is both positive and rewarding. You may be asked about your reasons for getting a wellness treatment, your physical current condition, medical history, stress level, areas of pain and other pertinent topics in order to make this a more valuable experience.

You should expect a peaceful and comfortable environment for your massage. Please report any distractions of any kind to your wellness professional, whether from physical discomfort, room temperature, volume of music, or any other source.

## HOW TO PREPARE FOR YOUR WELLNESS SERVICE

During your massage you may undress partially if you are comfortable with that. You will be allowed to undress in private and drape yourself with the sheet provided by the wellness professional. You may leave on underwear/loose fitting shorts and bra or sports bra. If you are uncomfortable undressing it is perfectly understandable and the wellness professional will be happy to accommodate you either way. During the treatment you be lying down on a padded massage table and the wellness professional will only undrape the part of the body being massaged at that time in order to insure your modesty is respected at all times. One of the wonderful things about wellness treatments is that it allows you to forget about work, school or any of life's daily stresses. Try to relax and to breathe deeply and regularly and allow yourself to enjoy the experience. Finally when the treatment is over, do not feel the need to get up immediately. Lie still with your eyes closed and slowly allow yourself to get up at a comfortable pace.



## WELLNESS SERVICE INFORMED CONSENT

I have voluntarily elected to undergo this wellness service at Rutgers Recreation. The nature and purpose of this service has been explained to me along with the risks and hazards involved. Although it is impossible to list every potential risk and complication, I have been informed of common benefits, risks, and complications.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs I am currently ingesting or using topically. I am aware these products may contain wheat, nuts, or sesame oil.

If at any point during the wellness service I am uncomfortable or uneasy with the procedures being administered and/or if I experience pain, I understand it is my responsibility to immediately inform the therapist so that the treatment may be terminated or altered. I have read and fully understand this agreement and all the information detailed above. I understand the procedure and accept the risks. I do not hold the therapist or Rutgers University responsible for any of my conditions that were present, but not disclosed, at the time of my service. I do not hold Rutgers University or the wellness therapist responsible for any complications occurring as a result of my participation in the service program.

*I have read and fully understand the above and agree.*

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**CLIENT'S NAME PRINTED**

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**SIGNATURE**

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**DATE**

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**MASSAGE THERAPIST'S NAME PRINTED**

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**SIGNATURE**

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**DATE**

*Once you have completed the Informed Consent Form, please complete the Medical History Form. We will keep this information on file for future visits.*



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## PERSONAL INFORMATION & MEDICAL HISTORY

*This information is confidential.  
This history will not be shared with anyone without your written consent.*

NAME \_\_\_\_\_ MALE  FEMALE

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY CONTACT PHONE # \_\_\_\_\_

## PLEASE CHECK PROBLEMS YOU'VE OBSERVED. CHECK ITEMS THAT ARE FREQUENT OR SEVERE

### HEAD & NECK

- Headache
- Neck pain/tightness
- Lumps or swelling
- Other: \_\_\_\_\_

### HEART/CIRCULATION

- High blood pressure
- Low blood pressure
- Swelling in feet or ankles
- Leg cramps
- Varicose/Spider Veins
- Other: \_\_\_\_\_

### DIGESTIVE SYSTEM

- Bloating
- Constipation
- Diarrhea
- Other: \_\_\_\_\_

### EYES

- Blurred vision
- Wear contacts
- Wear glasses
- Excessive or too little tearing
- Other: \_\_\_\_\_

### SKIN

- Bruise easily
- Any open cuts or sores
- Skin allergies
- Tender areas on skin
- Infection or inflammation
- Other: \_\_\_\_\_

### FEMALE GENITO/URINARY

- Date of last period: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Pregnant? Due: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Lump or pain in breasts
  - Menstrual cramps
  - Urinary tract infection
  - Pain in genitals/groin
  - Other: \_\_\_\_\_

### MALE GENITO/URINARY

- Painful/slow urination
- Nighttime urinary frequency
- Urinary tract infection
- Pain in genitals/groin
- Other: \_\_\_\_\_

### NERVOUS SYSTEM

- Difficulty in relaxing
- Difficulty in sleeping
- Other: \_\_\_\_\_

### RESPIRATORY SYSTEM

- Easily out of breath
- Airborne allergies
- Other: \_\_\_\_\_

### MUSCULOSKELETAL

- Aching muscles
  - Muscles sore to the touch
  - Aching joints
  - Chronic low back problems
  - Chronically tired
  - Difficulty doing physical tasks
- List: \_\_\_\_\_
- Other: \_\_\_\_\_

## CHECK PROBLEMS DIAGNOSED BY A DOCTOR. CIRCLE IF YOU'RE CURRENTLY BEING TREATED

- Arthritis/rheumatism
  - Asthma
  - Broken bones
- List: \_\_\_\_\_
- Bursitis
  - Carpal Tunnel Syndrome
  - Chronic Fatigues Syndrome
  - Diabetes
  - Disk problem (slipped, herniated, bulging)

- Emphysema
  - Epilepsy
  - Fibrositis/fibromyalgia
  - Heart disease
- What type: \_\_\_\_\_
- Hypertension
  - Infection or inflammation
  - Kidney/bladder/prostate
- List: \_\_\_\_\_

- Lupus Erythematosus
  - Migraine headaches
  - Muscular Dystrophy
  - Multiple Sclerosis
  - Osteoporosis
  - Parkinson's Disease
  - Sciatica
  - Sprains/dislocations
- List: \_\_\_\_\_

- Stroke/CVA/TIA
  - Thrombosis/Phlebitis
  - TMJ Dysfunction
  - Tumors/Cancer
- List: \_\_\_\_\_
- Tuberculosis
  - Ulcer/Colitis/Diverticulitis
  - Implants (plastic surgery, metal, or electronic devices)
- List: \_\_\_\_\_



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Please list any medications you are taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your occupation? \_\_\_\_\_

Please list any physical activities that cause you a problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your current problem that you believe a massage will benefit? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list all accidents or physical injuries you've had. Carefully consider childhood accidents, automobile accidents, sports injuries, etc. Don't limit your list to events that caused broken bones or hospitalization. If it hurt for several days when it happened, it could be significant to your current problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The above information is accurate and complete to the best of my knowledge. I will inform you if it changes.*

\_\_\_\_\_  
**CLIENT'S NAME PRINTED**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**THANK YOU FOR YOUR INTEREST IN RUTGERS RECREATION'S WELLNESS SERVICES! WE LOOK FORWARD TO SERVING YOU!**