

# INSTRUCTIONS FOR SCHEDULING A SHIATSU APPOINTMENT

## AT HARVARD UNIVERSITY HEALTH SERVICES (HUHS), HOLYOKE CENTER

Thank you for your interest in scheduling a Shiatsu Therapy appointment through Harvard Wellness Programs. 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, 2<sup>nd</sup> 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, 2<sup>nd</sup> 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: Shiatsu Therapy appointments are available Monday evening, 6:00pm, 7:00pm, and 8:00pm.
  - 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.

### 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 side streets. Garage parking is available in the Holyoke Center Garage. The Center for Wellness cannot validate parking for any type of appointment.
- Enter HUHS through the Urgent Care Entrance. The entrance can be found at the bottom of the parking ramp beneath HUHS, off of either Holyoke or Dunster St.
- Proceed to the Center for Wellness on the second floor.

- ❑ Your shiatsu therapist will come out 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.

#### YOUR APPOINTMENT:

- ❑ Your one-hour appointment is held in a private room and begins with a brief interview in which the therapist will review your Health History Form with you.
- ❑ Your traditional Japanese style-treatment is given on a comfortable futon mattress on the floor in a quiet, relaxed setting. You remain fully clothed and are encouraged to wear loose, comfortable garments. You should arrive neither hungry nor overfed.
- ❑ Gentle and non-invasive pressure, massage, stretches, exercises, and other techniques are applied to help restore your body's energy and bring it back into balance.
- ❑ Individually tailored sessions are designed to meet your specific health needs. No two treatments are the same.
- ❑ Once your treatment is complete, you will be provided with an opportunity to offer feedback and discuss your treatment with the shiatsu therapist.

#### 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 therapists are licensed within the city of Cambridge and have extensive training. To find out more about them, review biographies for each therapist.
- ❑ 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 2<sup>nd</sup> floor of HUHS.
- ❑ Please feel free to contact us at 617.495.9629 if we can provide further information that can be helpful to you.

Please fax or send this form before scheduling an appointment

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

## INTRODUCTORY APPOINTMENT PAPERWORK

### A. PERSONAL INFORMATION:

Name: \_\_\_\_\_ Harvard ID: \_\_\_\_\_

Campus/Work Address: \_\_\_\_\_  
*(if no campus address, please use home address)*

Telephone (W): \_\_\_\_\_ (H): \_\_\_\_\_

Email Address: \_\_\_\_\_

### B. UNIVERSITY AFFILIATION:

- Faculty, HUGHP?  Y  N     Staff, HUGHP?  Y  N     Family Member, HUGHP?  Y  N  
 Retiree             Alumni             Graduate Student             Undergraduate Student             Other

### C. HARVARD SCHOOL OR DEPARTMENT:

- |   |                              |                                    |   |
|---|------------------------------|------------------------------------|---|
| <input type="checkbox"/> Business School        | <input type="checkbox"/> FAS | <input type="checkbox"/> HMS       | <input type="checkbox"/> VP Administration  |
| <input type="checkbox"/> Central Administration | <input type="checkbox"/> GSD | <input type="checkbox"/> HSPH      | <input type="checkbox"/> VP Alumni Affairs  |
| <input type="checkbox"/> College Libraries      | <input type="checkbox"/> GSE | <input type="checkbox"/> Radcliffe | <input type="checkbox"/> VP Financial       |
| <input type="checkbox"/> Dental School          | <input type="checkbox"/> HKS | <input type="checkbox"/> Retiree   | <input type="checkbox"/> VP General Counsel |
| <input type="checkbox"/> Divinity School        | <input type="checkbox"/> HLS | <input type="checkbox"/> UHS       | <input type="checkbox"/> Other              |

### D. PAYMENT INFORMATION:

Shiatsu Therapy Appointment: \$60 (\$40/HUGHP members)

Payment Methods  Visa or MC # \_\_\_\_\_ Exp. \_\_\_\_\_

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**

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**SHIATSU HEALTH  
HISTORY  
FORM**

Please complete both pages of this form. This information will help the Shiatsu 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 of Health Practitioner: \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation and occupational activity (e.g. heavy lifting): \_\_\_\_\_

Do you have any 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 Shiatsu Therapy before? Yes No If yes, how long ago? \_\_\_\_\_

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

What problems or ailments would you like the Shiatsu therapist to address? \_\_\_\_\_

*(Please Continue on Next Page)*

## YOUR MEDICAL HISTORY

If you presently have any of the following conditions, please add any comments that might further clarify (i.e. locations on the body, names of conditions, clinician specific advice, about the condition).

### COMMENTS

Skin Conditions Current Past No \_\_\_\_\_  
(e.g. rashes, infections, itching)

Known Allergies Current Past No \_\_\_\_\_

Eyesight/hearing conditions Current Past No \_\_\_\_\_

Respiratory or lung conditions Current Past No \_\_\_\_\_

Cardiovascular Conditions Current Past No \_\_\_\_\_  
(e.g. high blood pressure, heart condition, angina, phlebitis, blood condition, hardened arteries, etc.)

Gastrointestinal conditions Current Past No  
(e.g. stomach ulcers, indigestion, constipation)

Liver or Kidney Conditions Current Past No \_\_\_\_\_

Cancers, tumors, or cysts Current Past No \_\_\_\_\_  
(either malignant or benign)

Diabetes Current Past No \_\_\_\_\_

Gynecological/urinary/sexual conditions Current Past No \_\_\_\_\_  
(e.g. menstrual cramping, PMS, infections)

Pregnancy Current Past No \_\_\_\_\_

Bone/muscle/joint conditions Current Past No \_\_\_\_\_  
(e.g. disc problems, fractures, knee problems, arthritis, repetitive strain injuries)

Headaches Current Past No \_\_\_\_\_  
(e.g. chronic, severe, etc.)

Any site of pain, tenderness, numbness, or swelling? Current Past No \_\_\_\_\_

Mental/emotional conditions Current Past No \_\_\_\_\_  
(e.g. depression, anxiety)

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

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PLEASE REMEMBER TO BRING THIS FORM  
WITH YOU TO YOUR APPOINTMENT!