



massage therapy & wellness services

WERBLIN REC CENTER 656 Bartholomew Rd, Piscataway, NJ 848-445-0460

COOK/DOUGLASS REC CENTER 50 Biel Rd, New Brunswick, NJ 848-932-8600

PERSONAL INFORMATION & MEDICAL HISTORY

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

NAME _____ MALE FEMALE NON-BINARY PREFER NOT TO ANSWER

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: _____

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: _____

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.

The above information is accurate and complete to the best of my knowledge. I will inform you if it changes. I have read and fully understand the informed consent, and agree.

CLIENT'S NAME PRINTED

SIGNATURE

DATE

MESSAGE THERAPIST'S NAME PRINTED

SIGNATURE

DATE

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



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Recreation

*Persons with disabilities who anticipate needing accommodations or who have questions about physical access may visit go.rutgers.edu/rurec