

SPA TREATMENTS

Spa Treatment Policies

- Reservations for massage or facials can be made at the Rutgers Tech Gym & Spa front desk or by calling 732-932-1442.
- Payment must be made when scheduling an appointment. Payment options include payment with cash, check or credit card (Visa or Mastercard only) when scheduling in person at the Rutgers Tech Gym & Spa. Payment must be made with credit 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 comes available, we will contact you via phone.
- If an appointment is missed, no refunds will be issued. **If an appointment cannot be kept, arrangements may be made 24 hours in advance to reschedule for another appointment time.**
- 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 us at 732-932-1442 if you are running late.
- Please read the following information and fill out in its entirety the Informed Consent Form and Personal Information and Medical History Form. This information need only be filled out on the first visit. We will keep this information on file for future visits.
- Thank you for participating in the Rutgers Recreation Spa Treatment Program.
- Please contact Anne Finetto at acarlson@rci.rutgers.edu or 732-932-1417 with any questions or concerns.

What to Expect During Your Spa Treatment

Receiving a spa 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 spa 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 spa treatment, your current physical 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 distractions of any kind to your spa professional, whether from physical discomfort, room temperature, volume of music, or any other source.

How to Prepare for your Spa Treatment and Receiving the Treatment

During your massage or facial 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 spa professional. You may leave on underwear/loose fitting shorts and a bra or sports bra. If you are uncomfortable undressing it is perfectly understandable and the spa professional will be happy to accommodate you either way. During the spa treatment you will be lying down on a padded massage table or water massage bed and the spa 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 spa treatments is that it allows you to forget about work, school or any daily life 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 a need to get up immediately. Lie still with your eyes closed and slowly allow yourself to get up at a comfortable pace.

SPA TREATMENT INFORMED CONSENT

I have voluntarily elected to undergo this spa treatment at Rutgers Recreation. The nature and purpose of this treatment 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 that products may contain wheat, nuts or sesame oils.

If at any point during the spat treatment 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 spa professional so that the treatment may be terminated or altered.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I do not hold the spa professional or Rutgers University responsible for any of my conditions that were present, but not disclosed, at the time of my treatment. I do not hold Rutgers University responsible for any complications occurring as a result of my participation in the spa treatment program.

I have read and fully understand the above and agree.

Client's Name Printed

Signature

Date

Spa Professional's Name Printed

Signature

Date

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

PERSONAL INFORMATION & MEDICAL HISTORY

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

Personal Information

Name _____ Today's Date _____

Email _____ Male _____ Female _____

Phone # _____ Emergency Contact Name _____

Emergency Contact Phone # _____

Please check problems you've observed. Circle items that are frequent or severe.

Head and Neck

____ Headache
____ Neck pain/tightness
____ Lumps or swelling
Other _____

Eyes

____ Blurred Vision
____ Wear contacts
____ Wear glasses
____ Excessive or too little tearing
Other _____

Musculoskeletal

____ Aching muscles
____ Muscles sore to the touch
____ Aching joints
____ Chronic low back problems
____ Chronically tired
____ Difficulty in doing physical tasks
(please list _____)
Other _____

Heart/Circulation

____ High Blood Pressure
____ Low Blood Pressure
____ Swelling in feet or ankles
____ Leg Cramps
____ Varicose/Spider Veins
Other _____

Female Genito/Urinary

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 _____

Digestive System

____ Bloating
____ Constipation
____ Diarrhea
Other _____

Skin

____ Bruise easily
____ Any open cuts or sores
____ Skin allergies
____ Tender areas on skin
____ Infection or inflammation
Other _____

Nervous System

____ Difficulty in relaxing
____ Difficulty in sleeping
Other _____

Respiratory System

____ Easily out of breath
____ Airborne allergies
Other _____

Check problems diagnosed by a doctor. Circle if you're currently being treated.

____ Arthritis/rheumatism
____ Asthma
____ Broken Bones please 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
(please list _____)
____ Lupus Erythematosus
____ Migraine headaches
____ Muscular Dystrophy
____ Multiple Sclerosis
____ Osteoporosis
____ Parkinson's Disease

____ Sciatica
____ Sprains/dislocations
(please list _____)
____ Stroke/CVA/TIA
____ Thrombosis/Phlebitis
____ TMJ Dysfunction
____ Tumors/Cancer
(please list _____)
____ Tuberculosis
____ Ulcer/Colitis/Diverticulitis
____ Implants
(plastic surgery, metal, or electric devices)
(please list _____)

Please list any medications you are taking: _____

What is your occupation? _____

Please list any sports or exercise programs in which you participate: _____

Please list any physical activities that cause you a problem: _____

What is your current problem that you believe a spa treatment will benefit? _____

Please list all accidents or physical injuries you've had. Please 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.

To the best of my knowledge, the above information is accurate and complete. I will inform you if it changes.

Client's Name Printed

Signature

Date

Thank you for your interest
in Rutgers Recreation's
Spa Treatments! We look
forward to serving you!