

# Registration Form

Please read & agree to the information below and complete both sides of this form.

Name \_\_\_\_\_ HUID \_\_\_\_\_  
First Last 8 digits

- ☐ Faculty/Staff      ☐ Undergraduate Student      ☐ Retiree      ☐ Alum  
☐ Graduate Student      ☐ Postdoc      ☐ Other: \_\_\_\_\_  
☐ Spouse/child of a Harvard affiliate (please complete the additional section at the bottom of this page)

Please sign below to indicate that you have read & agree to our policies:

- Hands-on time may vary – for a one-hour appointment, you should expect about 50 minutes.
- Signing below authorizes us to deduct from your payroll (staff) or add charges to your term bill (students), if you choose to use this method as payment for your appointment. You always have the option of paying by credit card.
- Please inform us if you are ill or have a significant health condition.
- Our practitioners rely on your feedback to ensure that they are using the appropriate technique for you. If you do not like what the practitioner is doing or how it feels at any point during your treatment, you should let them know immediately.
- **Please arrive on time.** For massage, we cannot see you if there are fewer than 15 minutes remaining in your appointment. For acupuncture, please arrive within 15 minutes of your scheduled start time. Otherwise, we will consider it a no-show and charge you accordingly.
- **Cancellation Policy:** 24 hours' notice is required to cancel an appointment without incurring a charge. If you do not show up to an appointment or cancel without sufficient notice, you remain responsible for the full payment unless we are able to fill your timeslot with a different patient. Our services are in high demand and we want to make sure they are available to everyone at Harvard.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please continue to the other side of this form

If your only affiliation is through a family member, please complete these additional fields. We may need to add you to Harvard's system before you can schedule an appointment.

Date of birth \_\_\_\_\_ Phone number \_\_\_\_\_

Email \_\_\_\_\_

Name of Harvard affiliate \_\_\_\_\_ Harvard affiliate's HUID \_\_\_\_\_

Your relationship to the Harvard affiliate \_\_\_\_\_

# Health History

Recreational activities/exercise \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

On a scale of 1-10 (1=least), what is the amount of stress/tension in your life? \_\_\_\_\_

Please check off any of the following symptoms or medical conditions that apply to you, and provide a comment below if desired:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pregnancy/gyn             | <input type="checkbox"/> Headaches               | <input type="checkbox"/> Pacemaker/medical implant                 |
| <input type="checkbox"/> Allergies                 | <input type="checkbox"/> Infection               | <input type="checkbox"/> Pain/tenderness                           |
| <input type="checkbox"/> Arthritis                 | <input type="checkbox"/> Injuries                | <input type="checkbox"/> Respiratory/lung conditions               |
| <input type="checkbox"/> Bloodborne pathogens      | <input type="checkbox"/> Liver/kidney conditions | <input type="checkbox"/> Skin condition                            |
| <input type="checkbox"/> Cancers or tumors         | <input type="checkbox"/> Long covid              | <input type="checkbox"/> Swelling/lymphedema                       |
| <input type="checkbox"/> Cardiovascular conditions | <input type="checkbox"/> Numbness                | <input type="checkbox"/> Blood disorder/taking clotting medication |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Other medical condition |  |

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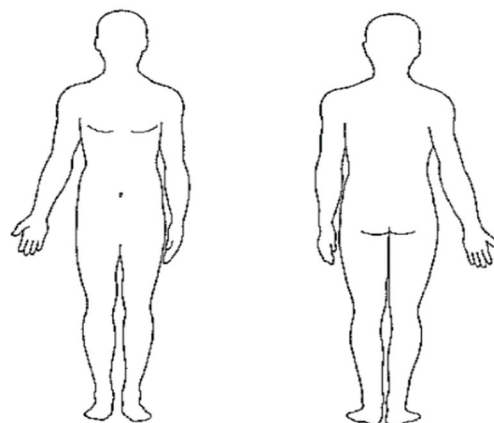
What are your specific areas of tension/pain? List below or indicate on the diagram at right.

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Have you been treated with massage, acupuncture, chiropractic, etc. before? ☐ Yes ☐ No If so, how long ago? \_\_\_\_\_

What did you particularly like or dislike? \_\_\_\_\_  
\_\_\_\_\_

Any other info that would be helpful for the practitioner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_