

# **Downers Grove Park District**

## **Massage Therapy Client Packet**

Congratulations! You have decided to take time for yourself by allowing our professionally certified massage therapists to pamper your mind, body and spirit. We have put together a list of helpful guidelines that should put you at ease and assist you in receiving the maximum benefit from your first massage session.

### **Before your session**

Please arrive 15 minutes prior to the appointment time to allow all the necessary information and processing of your paperwork to take place. As a reminder, if you are working out prior to your massage appointment please allow extra time to relax with a warm shower. Make sure you discuss all injuries, soreness or any medical conditions with your therapist as well as any recent colds. We recommend you wait and eat until after your massage session. If this isn't possible, a light healthy snack, such as a piece of fruit is suggested.

### **How to receive a massage**

No special clothing is needed as our therapists practice a professional draping technique with warm soft sheets. Before you position yourself on the table, you may disrobe to your comfort level. Many massage therapies are most effective when performed directly on the skin; however, it is important that you are relaxed and comfortable. The following may occur during massage. They are normal responses to relaxation and/or touch, and you need not be embarrassed nor suppress them. Movement or release of intestinal gas - crying - laughing - strong emotions - sighing - groaning - yawning - softening of muscle tissue - cognitive or felt memories - stomach gurgling - need to move or change position. At any time during your session please let the therapist know if there is anything they can do to help you feel more comfortable.

Once your massage begins, close your eyes and allow yourself to relax and focus your attention on breathing slowly and deeply. Upon completion of your session, the therapist will leave the room and give you plenty of time to get up from the table and dress.

If you cannot make your scheduled appointment, please contact us at 630-960-7250 at least 24 hours prior to your appointment time.

We appreciate your patronage and hope massage therapy will become an important part of your health and fitness program.



**4500 Fitness – A Facility of the Downers Grove Park District • 4500 Belmont Road  
Downers Grove, IL 60515  
630-960-7250**

# The Art of Massage

Massage is a healing art as well as a science; it requires a balance of technical knowledge, clinical skills, sensitivity and awareness. Everyone has the innate resources or natural gifts to touch another with care and confidence. However, it takes a sincere desire to help other, along with commitments to the time, energy and focus necessary for the training process in order to become a solid practitioner.

Here are some descriptions and definitions of body and energy work.

## Body Work

**Acupressure-** is an ancient healing art that uses the fingers to press key points on the surface of skin to stimulate the body's natural self-healing.

**Deep Tissue-** A deep penetrating technique such as structural integration affecting the sub-layer of muscles and fascia. This is more like a therapeutic impact- body manipulation of soft tissue.

**Essalen Massage-** Is known for its original honest nurturing, trance-like and meditative, allowing the greatest unfoldment to take place in a client.

**Cranio-Sacral-** Is a practice of palpation/palpating, sensing and manipulation of direct body electricity.

**Reflexology-** A system of massaging the feet or hands with the intention of affecting other parts of the body. The feet and hands are regarded much like maps of the body with points or reflex zones on the feet and hands corresponding to organs and tissues in the body. The purpose of reflexology is to bring the body in harmony and cause integrations of various energy in the body.

**Seated Chair Massage-** This system of bodywork refers to a 10 – 15 minute session of different style or techniques of pressure and yoga like stretches. Based routine done in a special chair in which the client sits facing towards cushions, exposing the scalp, shoulders, neck, back, and hips.

**Shiatsu-** It literally means finger pressure in the Japanese system of bodywork which uses pressure to points along acupuncture “meridians” that are invisible channels of energy flow in the body. Blocked energy along these meridians can cause physical discomforts. So the aim is it release the blocks and re-balance the energy flow.

**Sports Massage-** Is an adaptation of Swedish massage. Its purpose is to prepare athlete for sporting activity and help them recover from the exertion activity.

**Stone Therapy-** Experience the ultimate in peace and soothing relaxation when Basalt stones are heated from zero to 150 degrees and incorporated into a massage as well as placing them on pressure points.

**Swedish Massage-** A vigorous system known as western or classic style of treatment designed to energize the body, mind and spirit; this is a pure relaxation treatment.

**Downers Grove Park District  
Massage Therapy  
Client Information Sheet**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Pass # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Preferred Appointment Day and Time: \_\_\_\_\_

\_\_\_\_\_

Are you under medical/therapeutic treatment?                       Yes                       No

If yes, for what condition? \_\_\_\_\_

\_\_\_\_\_

What activities or products have you used to address this condition? \_\_\_\_\_

\_\_\_\_\_

What activities or products aggravate this condition? \_\_\_\_\_

\_\_\_\_\_

What activities or products improve the condition? \_\_\_\_\_

\_\_\_\_\_

Please list care provider's name and phone number: \_\_\_\_\_

\_\_\_\_\_

List any medications (including aspirin) and nutritional supplements you are taking: \_\_\_\_\_

\_\_\_\_\_

Specify any known allergies: \_\_\_\_\_

\_\_\_\_\_

## Massage Therapy Health History

Check the following conditions that apply to you, past and present. Please add your comments to clarify the condition.

### Musculo-Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendonitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease
- Other: \_\_\_\_\_

### Circulatory and Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure
- Lymphedema
- Other: \_\_\_\_\_

### Skin

- Rashes
- Allergies
- Athlete's Foot
- Warts
- Moles
- Acne
- Cosmetic surgery
- Other: \_\_\_\_\_

### Digestive

- Nervous stomach
- Indigestion
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Diverticulitis
- Irritable bowel syndrome
- Crohn's Disease
- Colitis
- Adaptive aids
- Other: \_\_\_\_\_

### Nervous System

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic pain
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Spinal cord injury
- Other: \_\_\_\_\_

### Reproductive System

- Pregnancy:
  - Current
  - Previous
- PMS
- Menopause
- Pelvic Inflammatory Disease
- Endometriosis
- Hysterectomy
- Fertility concerns
- Prostate problems

### Other

- Loss of appetite
  - Forgetfulness
  - Confusion
  - Depression
  - Difficulty concentrating
  - Drug use \_\_\_\_\_
  - Alcohol use \_\_\_\_\_
  - Nicotine use \_\_\_\_\_
  - Caffeine use \_\_\_\_\_
  - Hearing impaired
  - Visually impaired
  - Burning upon urination
  - Bladder infection
  - Eating disorder
  - Diabetes
  - Fibromyalgia
  - Post/Polio Syndrome
  - Cancer
  - Infectious disease (please list) \_\_\_\_\_
  - Other congenital or acquired disabilities (please list) \_\_\_\_\_
  - Surgeries \_\_\_\_\_
  - Other: \_\_\_\_\_
- For clients who need mobility assistance, please give your height: \_\_\_\_\_ weight: \_\_\_\_\_

Please list any additional comments regarding your health and well-being: \_\_\_\_\_

I have stated all conditions that I am aware of and this information is true and accurate.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Downers Grove Park District Fitness Center Massage Therapy Informed Consent & Waiver and Release of All Claims**

I \_\_\_\_\_ (client) understand that massage therapy provided by  
\_\_\_\_\_ (massage therapist) is intended to enhance relaxation, reduce pain caused by  
muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any  
other intended purposes for massage therapy are specified below:

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The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I further understand that certain physical conditions, medical conditions, and/or medications may contraindicate massage therapy and that I am solely responsible for consulting with a physician before receiving any massage therapy. I also agree that it is my responsibility to inform the massage therapist of any known physical conditions, medical conditions and/or medications that may contra-indicate massage therapy, and I will keep the massage therapist updated on any changes.

### WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury to persons receiving massage therapy, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said massage therapy. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of receiving massage therapy against the message therapist and the Downers Grove Park District, including its officials, agents, contractors, volunteers and employees.

I have received a copy of the Downers Grove Park District's Massage Therapy policies; understand them and agree to abide by them. I have read and fully understand the above informed consent language, assumption of risk and waiver and release of all claims.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_