



Student Health & Wellness Center Therapeutic Massage Intake Form



Welcome to your 45 minute massage therapy session with Laurie Shepard, LMT.

**The following information will be used to help plan a safe and effective massage session.
Please answer the questions below to the best of your knowledge.**

Have you had a professional massage before? Yes No

How often do you receive massage therapy and what types? _____

Do you have any particular goals in mind for this massage session?

Do you sit or stand in a stationary position for hours on a daily basis? If so, please describe:

What do you do that involves performing a repetitive movement?

What exercises/physical activities do you regularly engage in?

Is there a particular area of your body where you experience tension, stiffness, pain or discomfort?

Are there areas of your body you would prefer not to have massaged?

Do you have allergies to oils, lotions, plants, or nuts? _____

Does your body temperature tend to run more: Cold Hot Neutral

What kind of massage pressure works best with your body: Light Moderate Deep

Is there anything else about your health history that you think would be useful for your massage therapist to know in order to plan a safe and effective massage session for you? _____

