BOISE STATE UNIVERSITY

HEALTH SERVICES

Massage Intake Form

Last Name _____ First Name _____ University ID Number _____

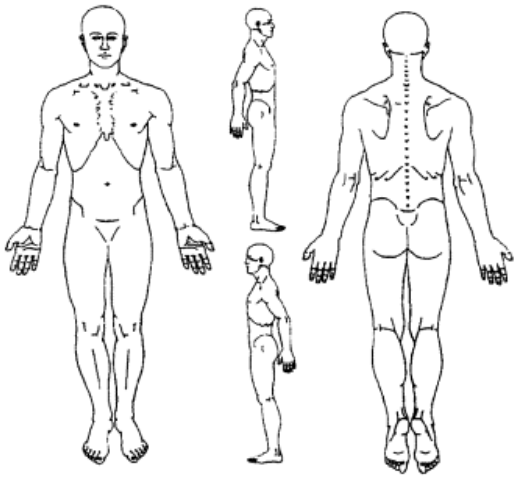
Have you ever had a professional massage? _____
If so, when was your last massage? _____
How frequently did you get massages? _____
Preferred types of massage? _____
Reasons for seeking massage? _____
Do you have special needs I should prepare for? _____

Do you have any of the following conditions? Check all that apply.

- o Accident or suffered any injuries in the past two years:
- o Allergies to essential oils and/or lotion ingredients:
- o Arthritis (rheumatoid, osteoarthritis)
- o Blood clots
- o Broken bones:
- o Bruise easily
- o Cancer
- o Cardiac or circulatory problems
- o Contagious disease:
- o Diabetes
- o Digestive conditions (e.g. Crohn's, IBS)
- o Depression, anxiety
- o Endocrine, thyroid conditions
- o Epilepsy or seizures
- o Gas, bloating, constipation
- o Headaches, Migraines
- o High/Low Blood Pressure
- o Muscle or joint pain/stiffness
- o Osteoporosis, degenerative spine/disk
- o Pregnant
- o Sensitive to touch/pressure
- o Shortness of breath, asthma
- o Skin disorder:
- o Stroke, heart attack
- o Surgery in the past 5 years
- o Varicose veins
- o Other Medical Conditions:

_____

Would you like us to concentrate in any specific areas? You can indicate on the image or describe below.



Client Signature _____ Date _____

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