

Feel Better Remedial Massage

Personal information

First name Amanda Last name Foster
Mobile number 0402 679 663 Email aefoster1991@gmail.com
Date of birth 10/3/~~1990~~ 1991
Address 20 Gonzales St Macgregor
Postcode _____ Occupation Warehouse

Emergency contact

First name Chris Last name Friend
Mobile number 0402 560 119 Relationship Friend

Health History

If you have a history of any of the following conditions, please check below.

- ☐ Heart Conditions ☐ Diabetes ☐ Asthma ☒ Headaches/Migraines ☒ Dizziness
☐ Pregnant ☒ High Blood Pressure ☐ Allergies ☐ Cancer ☐ Joint Replacement
☐ Loss of Balance ☐ Numbness ☒ Recent Accident/Injury ☐ Shingles
☐ Sleep Disorders ☐ Blood Clots ☒ Depression/Anxiety ☐ Infectious Conditions
☐ Kidney Conditions ☐ Neck/Spinal Injury ☐ Skin Disorders ☐ Varicose Veins

Health History Details

If you checked to any of the above questions, please provide further information here.

hypertension / migraines current fracture
to right thumb
Surgeries _____

Current complaint

What is the reason for your visit? extreme tight sore neck shoulder
upper back tight hips
When did the problem begin? _____

Have you consulted any other health professionals about this problem? If so, please provide details.

next time Re ~~the~~ Pominis
11 am

Treatment consent

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and I understand that I must update my service provider with any changes that may occur in my medical history. I understand that a 50% cancellation fee may apply if I do not provide at least 24 hours notice.

☒ I consent to treatment

☒ I consent to receiving SMS and/or email for booking confirmation

Full Name

Barbara Koster

Signature

[Signature]

Date

12-5-24

If you are under the age of 18, your parent/guardian must also sign and date your new client form.

☐ Yes, I'm the parent/guardian.

Full Name

Signature

Date
