

Feel Better Remedial Massage

Personal information

First name Louise Last name Sheppard
Mobile number 0433279932 Email lshepps1@gmail.com
Date of birth 2, 8, 78
Address 92 Ridgeway St, Cornmeble
Postcode 4152 Occupation Home duties

Emergency contact

First name Shane Last name Sheppard
Mobile number 0433411651 Relationship Husband

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.

Anxious-General.

Surgeries _____

Current complaint

What is the reason for your visit? Stiff shoulders/neck

When did the problem begin? 2 wks

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

Yes- Physio, Chiropractor

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 LOUISE SHERRARD

Signature [Signature] Date 28/5/24

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 _____