2024/6/1X Thomas Managhan

## Feel Better Remedial Massage

Personal information
First name Tom Ko Last name Monaghan
Mobile number 490454349 Email
Date of birth 19 / 66 / 1997
Address 31/31 Leviathan Drive Mudgeeraba
Postcode 4213 Occupation electrician
Emergency contact
First name Step Last name Holms
Mobile number 0422138589 Relationship Wife
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.
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Surgeries hone
Current complaint
What is the reason for your visit? <u>Sort</u> low car buch tight quad (rights
What is the reason for your visit? Sor low ar buch tight quad (19th)  When did the problem begin? Yews ago
Have you consulted any other health professionals about this problem? If so, please provide details.
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## **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.

☑ consent to treatment	
E Consent to treatment	
consent to receiving SMS and/or email for booking	g confirmation
Full Name Thomas Moneghan	1.1.2.21
Signature Man Date	14/6/2024
If you are under the age of 18, your parent/guardi	an must also sign and date your new client
form.	
☐ Yes, I'm the parent/guardian. Full Name	
Signature	