Feel Better Remedial Massage

Personal information

First name Kelly Last name Patane

Mobile number 0466 699 754 Email 87kelly@live.com.au

Date of birth 24 / 01 / 1987

Address 16 Cremin Street, Upper Mount Gravatt

Postcode 4122 Occupation Mum/SAHM

Emergency contact

First name Santo Last name Patane

Mobile number 0406 636 411 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 Treated ☐ 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.

Surgeries C-Section - 10 mths ago, 2.7 years ago

Current complaint

What is the reason for your visit? Tight neck shoulders, lower back & headaches.

When did the problem begin? A few weeks ago.

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

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 Kelly Portane

Signature _____ Date 2nd July 2024

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 _____

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CUPPING THERAPY CONSENT FORM

Have you had cupping treatment before? ☑ Yes ☐ No

I (client's full name) Kelly Patane declare that the cupping therapy practitioner has fully explained to me the cupping therapy procedure, benefits, contraindications and possible side effects. I have been made aware that cupping marks may last between 1 to 3 weeks.

Signature _____ Date 2 / 7 / 24