## Feel Better Remedial Massage

Personal information
First name Jamailla Last name Farsylli
Mobile number 1434337818 Email Jumen Raforsythe & Radica
Date of birth 18, 6, 1997
Address Ja Badgen Kd BwKelall  Postcode 4159 Occupation York worker
Postcode 4159 Occupation York worker
Emergency contact
First name Yolandh Last name Forth
Mobile number 0404489021 Relationship SXFEV
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.
Surgeries
Current complaint
What is the reason for your visit? <u>Fight MUXUS</u> When did the problem begin? <u>GUM Wallouts</u>
What is the reason for your visit? <u>Fight MUSCUS</u> When did the problem begin? <u>gym wallouts</u>
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.

Consent to treatment	
<i>(</i> ▲ I consent to receiving SMS and/or email for b	ooking confirmation
Full Name Jamaikh Forsyt.	7
	Date 18/2/97
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