

Feel Better Remedial Massage

Personal information

First name Susan Last name Hall
Mobile number 0418 1961 45 Email sustny.hall@gmail.com
Date of birth 22, 4, 1963
Address 46 Abberville St, Upper Mt Gravatt
Postcode 4122 Occupation Mortgage Broker

Emergency contact

First name MARIL Last name Hall
Mobile number 0400 124 645 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.

Shingles - Aug 2023
Surgeries _____

Current complaint

What is the reason for your visit? Frozen Shoulder
When did the problem begin? May 2024

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

Yes - Physio.
- Acupuncturist

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 Susan Ann Hall

Signature S. A. Hall Date 19/09/2024

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 _____