

## Feel Better Remedial Massage

### Personal information

First name GARY Last name NEALE  
Mobile number 0412588969 Email GARY.NEALE@HOTMAIL.COM  
Date of birth 10/2/1951  
Address 5 MADAV ST MANSFIELD  
Postcode 4122 Occupation RETIRED

### Emergency contact

First name AUSTIN Last name NEALE  
Mobile number 0436437537 Relationship SON

### 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.

HIP REPLACEMENT

Surgeries \_\_\_\_\_

### Current complaint

What is the reason for your visit? LAYING CONCRETE BLOCKS

When did the problem begin? SORENESS

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

NO

### 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 GARY MICHAEL McALE

Signature [Signature] Date 1-11-2024

**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 \_\_\_\_\_