

Feel Better Remedial Massage

Personal information

First name May Last name Wang
Mobile number 0433040592 Email May-Wang1990@hotmail.com
Date of birth 25 / 02 / 1990
Address Unit 4/46 Selborne Street Mt Gravatt East
Postcode 4122 Occupation Lab assistant

Emergency contact

First name Anthony Last name Carey
Mobile number 0432 652 808 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.

Surgeries ~~0~~ Seafood

Current complaint

What is the reason for your visit? Sore back

When did the problem begin? for a few weeks (2 wks)

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

Not just yet

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

☒ consent to receiving SMS and/or email for booking confirmation

Full Name May Wang

Signature  Date 21.01.25

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 _____