

Feel Better Remedial Massage

Personal information

First name Peyton Last name Smith
Mobile number 0476266090 Email SmithPeyton67@gmail.com
Date of birth 11/02/1997
Address 52 Gwarrari Street
Postcode 4113 Occupation Warehousing

Emergency contact

First name _____ Last name _____
Mobile number _____ Relationship _____

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 Lipo 360, Arm lipo

Current complaint

What is the reason for your visit? Drainage massage

When did the problem begin? _____

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