

Feel Better Remedial Massage

Personal information

First name PAOLA Last name PASTORELLI
Mobile number 0431844228 Email ppastorelli83@gmail.com
Date of birth 17/08/1983
Address 39 CHALFONT ST
Postcode 4107 Occupation TEACHER

Emergency contact

First name MITCHELL Last name SMITH
Mobile number 0424508520 Relationship partner

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.

Bulging disc
Surgeries _____

Current complaint

What is the reason for your visit? back ache

When did the problem begin? Sunday

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

Acupuncture / physio recommended massage

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 PAOLA PASTORELLI

Signature P. Pastorelli Date 20/02/2025

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 _____