## Feel Better Remedial Massage

Personal information
First name Dimity Last name Robertson
Mobile number 0402184614 Email dimityrobertson chotmail.com
Date of birth $3/7/92$
Address 10 Durant St Mt Gravatt East
Postcode 4122 Occupation Administrator
Emergency contact
First name Leanne Last name Robertson
Mobile number 0418728910 Relationship Mother
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 Disordérs ☐ Varicose Veins
Health History Details
If you checked to any of the above questions, please provide further information here.
nigraines since childhood, food allergies but all under control,
Surgeries
Current complaint.
What is the reason for your visit? Heavy Iswollon legs, release any toxin When did the problem begin? Roughly 12 months ago
When did the problem begin? Roughly 12 months ago.
Have you consulted any other health professionals about this problem? If so, please provide details.

## **Treatment consent**

Signature \_\_\_

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 1 do not provide at least 24 hours notice.

Consent to treatment

Consent to receiving SMS and/or email for booking confirmation

Full Name

Date

Date

May

25

If you are under the age of 18, your parent/guardian must also sign and date your new client form.

Pes, I'm the parent/guardian.

Full Name