

Feel Better Remedial Massage

Personal information

First name Kon Yee Last name Hoo
Mobile number 0406159000 Email _____
Date of birth 16 / 04 / 1964
Address 32 Sunnydale street, upper Mount Gravatt
Postcode 4122 Occupation Housewife

Emergency contact

First name Chloe Hang Last name _____
Mobile number 0406159000 Relationship Daughter

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 _____

Current complaint

What is the reason for your visit? upper & lower back pain

When did the problem begin? 2-3 months

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

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 

Signature _____ Date 17/05/2020

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 _____