

Feel Better Remedial Massage

Personal information

First name Danielle Last name Davies
Mobile number 0434 881 775 Email ellie.swift1990@gmail.com
Date of birth 08/07/1990
Address 37 Ballarat St MT GRAVATT EAST
Postcode 4122 Occupation Recruitment Business Partner

Emergency contact

First name Stephen Last name Davies
Mobile number 0498 777 923 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 Breast augmentation 2023

Current complaint

What is the reason for your visit? Pulled back/hips

When did the problem begin? This morning

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

Happens periodically due to core weakness

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 Danielle Davies

Signature [Signature]

Date 23/5/25

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 _____