

Feel Better Remedial Massage

Personal information

First name Michelle Last name Chard

Mobile number 0448 726024 Email michellechard72@gmail.com

Date of birth 11 / 3 / 1972

Address 62 Berkshire Cres, Wishart

Postcode 4122 Occupation _____

Emergency contact

First name Michael Last name Chard

Mobile number 0468 456 577 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 Hystrectomy, Gallbladder, Skin Removal, Roux NY.

Current complaint

What is the reason for your visit? Muscle Aches/Pains + Arthritis (Knees)

When did the problem begin? 20+ years

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

G.P. for pain management

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 Michelle Chard

Signature M. Chard Date _____

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 _____