## Feel Better Remedial Massage

Personal information
First name Nicole Last name Blums
First name Nicole Last name Blums  Mobile number 0424450495 Email blumsie80@gmail
Date of birth 04, 03, 1980
Address 4/55 Tenby Street, Mount Gravatt
Postcode4122_ OccupationAdmin
Emergency contact
First name Binder
First name
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.
small injury aggitation in left knee
Surgeriesn/a
Current complaint
What is the reason for your visit? General tightness in body
What is the reason for your visit?  General tightness in body  from desk work + muscle  When did the problem begin?  For knee aggitation  Have you consulted any other health professionals about this problem? If so, please provide details.
Have you consulted any other health professionals about this problem? If so, please provide details.
Vec Philsip + GP.

## 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.

nours notice.
☑ consent to treatment
consent to receiving SMS and/or email for booking confirmation
Full Name Nicole Blums
Signature Date 09/07/8025
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