

Feel Better Remedial Massage

Personal information

First name PAUL Last name JOHNS
Mobile number 0431 489 633 Email df.63@optusnet.com.au
Date of birth 24, 2, 67
Address 11 TALLOW WOOD PL MT GRAVATT EAST
Postcode 4122 Occupation Brewer

Emergency contact

First name Diana Last name Furlan
Mobile number 0401 165 109 Relationship partner

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? stiff neck, upper back → Left side chest

When did the problem begin? 4 months ago

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

physio + 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.

☒ I consent to treatment

☒ I consent to receiving SMS and/or email for booking confirmation

Full Name Rose Jones

Signature [Signature]

Date 12/7/25

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 _____