2025 / 7/25

Paula Well

Lymphatic Drainage

1hr

$ Po

(-15)

Feel Better Remedial Massage

Personal information

First name PAULA Last name Well

Mobile number 0431765637 Email _____

Date of birth 21 / 5 / 1983

Address 204 ALICE ST BRISBANE

Postcode 4000 Occupation CLEANER

Emergency contact

First name Julie Last name Well

Mobile number 0408494899 Relationship DAUTHER

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? wfomation

When did the problem begin? _____

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 DANIA WELL

Signature _____ Date 25/7/25

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 _____