

Feel Better Remedial Massage

Personal information

First name Irene Last name Papantoniou
Mobile number 0432189150 Email reni.hp86@hotmail.com
Date of birth 22/10/1986
Address 114 Windmill St Tarragindi
Postcode 4121 Occupation Teacher

Emergency contact

First name Kathy Last name Papantoniou
Mobile number 0423672946 Relationship Mother

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.

I get migraines occasionally with Aura. Repaired tetralogy
of fallot for my heart. it is good now
Surgeries left hip reconstruction. Limb lengthening. Heart surgery. Long time
ago

Current complaint

What is the reason for your visit? back pain. tension
When did the problem begin? Sore back from Monday. On + off a month
Have you consulted any other health professionals about this problem? If so, please provide details.
No

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 Irene Papantoniou

Signature 

Date 6.08.25

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 _____