Feel Better Remedial Massage

Personal information

First name __Elena__   Last name __Anikina__

Mobile number __0405262590__   Email __anikina2088@gmail.com__

Date of birth __30,08,1988__

Address __134 Hill rd, Runcorn__

Postcode __4113__   Occupation __Support Worker__

Emergency contact

First name __Denis__   Last name __Anikin__

Mobile number __0415928098__   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 __liposection, breast lift__

Current complaint

What is the reason for your visit? __after liposection__

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 _Elena Anikdhe_

Signature _X_   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 _____