

Feel Better Remedial Massage

Personal information

First name PAM Last name LEWIS
Mobile number 0424232718 Email lewisgang108@optusnet
Date of birth 22/10/48 .com.au
Address 95 M^cCLINTOCK RD WAMURAN
Postcode 4512 Occupation Retired

Emergency contact

First name VIJAYA Last name HUNT
Mobile number _____ Relationship GRANDDAUGHTER

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 HYSTERECTOMY BOWEL & BLADDER REPAIR

Current complaint

What is the reason for your visit? TORN Tendon in right shoulder

When did the problem begin? 3-4 weeks

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

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 PAM LEWIS

Signature P Lewis Date 25/8/25

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 _____