

Feel Better Remedial Massage

Personal information

First name Steph Last name Beames
Mobile number 0409477395 Email stephbeames@gmail.com
Date of birth 1, 1, 64
Address 91 Carrara St
Postcode 4122 Occupation _____

Emergency contact

First name Roger Last name Beames
Mobile number 0416073007 Relationship bro

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.

on BP meds, sometimes
hay fever.
Surgeries _____

Current complaint

What is the reason for your visit? tired feet
When did the problem begin? this year

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

Physio, no injury.

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 S. Beames

Signature [Signature]

Date 29/8/25

If you are under the age of 18, your parent/guardian must also sign and date your new client form.

N/a

☐ Yes, I'm the parent/guardian.

Full Name _____

Signature _____

Date _____