

Feel Better Remedial Massage

Personal information

First name MANDY

Last name PENGILLY

Mobile number 0477 179803

Email mandypengilly@outlook.co

Date of birth 01/09/1976

Address 37 SPENCE ST, MOUNT GRAVATT EAST

Postcode 4122

Occupation GEIGER MANAGER

Emergency contact

First name AARON

Last name JOHNSTON

Mobile number 0411 863 874

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.

MILDER ASTHMA (USE PREVENTORS)

Surgeries _____

Current complaint

What is the reason for your visit? MUSCLE SORENESS

When did the problem begin? SITTING TO MUCH @ WORK

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 MADY PEIGILLY

Signature [Signature] Date 17/9/2025

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 _____