## Feel Better Remedial Massage

Surgeries	Personal information	
Mobile number O432304550 Email Filipe - Pachaco 8804560.  Date of birth 12	First name Filipo Last name Salazar Pachea	
Date of birth 12 04 2006  Address 26 Curpeu St  Postcode 1122 Occupation Savident  Emergency contact  First name Andrea Last name Toylov  Mobile number 131341440 Relationship FY1004  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  Current complaint  What is the reason for your visit? Back / Shoulder pan  When did the problem begin? Few Months ago		spar
Emergency contact  First name Andrea Last name Taylor  Mobile number 431341440 Relationship Friend  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  Current complaint  What is the reason for your visit? Back / Shoulder pain  When did the problem begin? A Facu months ago	Date of birth 12 / 04 / 2006	com
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□ 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 □  Current complaint  What is the reason for your visit? □ Back / Shoulder pain  When did the problem begin? □ Few months ago	☐ Heart Conditions ☐ Diabetes ☐ Asthma ☐ Headaches/Migraines ☐ Dizziness	, ,
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Have you consulted any other health professionals about this problem? If so, please provide details.	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 Filipe Salazar Pacheco
Signature Date
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