

Feel Better Remedial Massage

Personal information

First name Filipe

Last name Salazar Pacheco

Mobile number 0432304550

Email Filipe.Pacheco 08@yahoo.com

Date of birth 12 / 04 / 2006

Address 26 Curfew st

Postcode 4122 Occupation student

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 few months ago

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 08/11/25

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 _____