## Feel Better Remedial Massage

## Personal information First name Jodie Last name Turner Mobile number 0403236.713 Email Vallequiencafe@optusnet.com.au. Date of birth <u>03 / 11 / 19.74</u> Address 55 Daintree Drive Postcode 4207 Occupation barista. **Emergency contact** First name Kay Last name Turner Mobile number 0411887268 Relationship Mam. **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. grass, pollen, lavender Surgeries Ankle Surgery Current complaint What is the reason for your visit? fluid retention, dijestion, Allergies When did the problem begin? \_\_\_\_\_

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

Date

12/1/25

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

Date

Date

Date

Date