

Feel Better Remedial Massage

Personal information

First name DAVID Last name COONEY
Mobile number 0405 580623 Email dcooneynz@yahoo.com
Date of birth 04/04/1982
Address 34 BALLARAT ST MOUNT GRAVATT
Postcode 4122 Occupation HOSPITALITY WORKER

Emergency contact

First name KAT Last name COONEY
Mobile number 0450 997140 Relationship WIFE

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? STIFF MUSCLES
When did the problem begin? TODAY

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 DAVID COONEY

Signature  Date 30/04/2024

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 _____