

Feel Better Remedial Massage

Personal information

First name FRANK Last name DI SANO
Mobile number 0427768187 Email FRISANO@GMAIL.COM
Date of birth 13, 11, 1953
Address 4 KADANA STREET SEVEN HILLS
Postcode 4170 Occupation PROPERTY OWNER

Emergency contact

First name / Last name /
Mobile number / Relationship /

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.

HAVE LIPOSARCOMA INNER RIGHT THIGH
Surgeries /

Current complaint

What is the reason for your visit? RELAXATION

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 FRANK N SANO

Signature [Signature] Date 3-7-2024

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 _____