Feel Better Remedial Massage

Personal information	
First name	Last name Park
Mobile number <u>0458585838</u>	Email Kin 85 1004@gmail
Date of birth 15 / 10 / 2014	
Address 90 Splendour	st Rochedale
Postcode <u>U123</u> Occupation _	Student
Emergency contact	
First name Lim Waah	Last nameKim
First name Naah Mobile number OUS 858585838	Relationship
Health History	
If you have a history of any of the following con-	ditions, please check below.
☐ Heart Conditions ☐ Diabetes ☐ Asthma	☐ Headaches/Migraines ☐ Dizziness
☐ Pregnant ☐ High Blood Pressure ☐ Aller	gies
☐ Loss of Balance ☐ Numbness ☐ Recent	Accident/Injury Shingles
☐ Sleep Disorders ☐ Blood Clots ☐ Depres	sion/Anxiety Infectious Conditions
☐ Kidney Conditions ☐ Neck/Spinal Injury	☐ Skin Disorders ☐ Varicose Veins
Health History Details	
If you checked to any of the above questions, pl	ease provide further information here.
Surgeries	
Current complaint	
What is the reason for your visit?	I/ne SS
When did the problem begin?	
Have you consulted any other health professiona	Is 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	Ian	RIK	Iarpork	
I consent to receiving SMS and/or email for booking confirmation				
Full Name Nach	Kima		· ·	
Signature		Date	13/07/2024	
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	Naa	h kim	
Signature	9	Date13/	07/2024	