

Feel Better Remedial Massage

Personal information

First name CARLA Last name MENDOZA
Mobile number 0430 51 9595 Email X.Osorio1@gmail.com
Date of birth 22 / 9 / 1980
Address _____
Postcode _____ Occupation Manager

Emergency contact

First name Luz Last name SUAREZ
Mobile number 0402 286819 Relationship MOTHER

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? to relax

When did the problem begin? _____

Have you consulted any other health professionals about this problem? If so, please provide details.

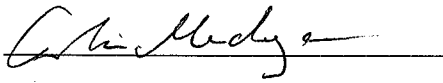
Treatment consent

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 CARLA MENDOZA

Signature  Date 17/9/2024

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 _____