



Record Suzanne Sheehan

Client D.O.B: 09/09/1972

Created By: Auto

Business: MassageMyo

Created On: 01/09/2024 8:08 pm

Activity Date: 01/09/2024 8:08 pm

Personal Details

Salutation

Mrs

First Name

Suzanne

Preferred Name

Suzie

Last Name

Sheehan

Date of Birth

09/09/1972

Street Address

42 warran rd

Suburb

Yaroomba

State

Queensland

Postcode

4573

Email Address

suzanne.sheehan9@gmail.com

Mobile Phone

0437437257

Occupation

Planner Supervisor

How did you hear about us?

Medibank

Medical History

Please select any conditions you have currently or have had in the past:

Surgeries, Current injuries/complaints/symptoms

Other health condition/s (Please briefly describe)

Carpal tunnel surgery 22/8/24 right wrist.

bilateral intermittent slight pins n needles down arms, slight burning sensations again intermittent.

Allergies (Please detail any known allergies.)

Nil

what are your aims for your massage treatment

Have bit neck shoulder tension atm no aims really, maybe address knots if they r there.

Consent

I consent for my practitioner to collect, store and utilise this personal information for the purposes of providing services to me in accordance with the relevant privacy legislation and any other legal requirements that may apply.

Signature

A handwritten signature in black ink that reads "Suzanne Sheehan". The script is fluid and cursive, with the first letter of each name being a large capital.

Consent for Myofascial Dry Needling

Yes

Signature

A handwritten signature in black ink that reads "Suzanne Sheehan". The script is fluid and cursive, with the first letter of each name being a large capital.