

## Feel Better Remedial Massage

### Personal information

First name Romy Last name Maryat  
Mobile number 0435085707 Email RS 067010@gmail.com  
Date of birth 05 / 12 / 1994  
Address 10 Kintore St, Annewealey  
Postcode 4103 Occupation \_\_\_\_\_

### Emergency contact

First name Aki Last name \_\_\_\_\_  
Mobile number 0469889966 Relationship friend

### 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? Legs front & back Pretty much Painy

When did the problem begin? \_\_\_\_\_

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

No

**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 Romy

Signature [Signature] Date 28 Sep 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 \_\_\_\_\_