

Feel Better Remedial Massage

Personal information

First name Gabriel Last name Bickerton
Mobile number 0497308211 Email gabb7878@gmail.com
Date of birth 7 / 9 / 1978
Address 10 Brigadoon St Firthshire
Postcode 4122 Occupation Auto Electrician / Drummer

Emergency contact

First name Douglas Last name Bickerton
Mobile number 0455518410 Relationship Dad

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 Gal bladder

Current complaint

What is the reason for your visit? Neck Pain, Shoulder Bursitis, Low Back
When did the problem begin? Since Birth Migraine

Have you consulted any other health professionals about this problem? If so, please provide details. left hand.
Yes Chiro Osteo

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 Gabriel Bickerton

Signature  Date 17/10/24

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 _____