

Feel Better Remedial Massage

Personal information

First name Ashley Last name Reichters
Mobile number 0407 031 965 Email 000ash@holmail.com
Date of birth 30, 4, 73
Address 66 Torront St Mt Gravatt East
Postcode 4122 Occupation Teacher

Emergency contact

First name Kathy Last name Korp
Mobile number 0403 021 188 Relationship wife

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.

Long term asthmatic (birth)
Surgeries _____

Current complaint

What is the reason for your visit? sore back & neck
When did the problem begin? 2 days

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 Biley Richlers

Signature [Signature] Date 18-11-24

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 _____