

Feel Better Remedial Massage

Personal information

First name Jaron Last name Anderson
Mobile number 040547 1775 Email Jaron.a543@gmail.com
Date of birth 15/05/1998
Address 12 Rowe Terrace Parramatta
Postcode 5074 Occupation Admin

Emergency contact

First name Maya Last name Anderson
Mobile number 0421 738897 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.

Animal fur / Dust allergies
Surgeries Plate in right ankle

Current complaint

What is the reason for your visit? tension from stress

When did the problem begin? cant say

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

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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 Jaran Anderson

Signature [Signature] Date 22/11/24

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 _____