Feel Better Remedial Massage

Personal information
First name Sam Last name Cator
Mobile number 0405 664 786 Email Scato 8 2 gmail-com
Date of birth 20, 10 , 200 1
Address Bevan St, Mt Gravalt East
Address 18 Bevan St, Mt Gravall East Postcode 4122 Occupation HR Graduale
Emergency contact
First name Leanne Last name
First name Leavne Last name Cator Mobile number 0408 451 671 Relationship
Health History
If you have a history of any of the following conditions, please check below.
☐ Heart Conditions ☐ Diabetes ☐ Asthma
□ 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
What is the reason for your visit? Upper back, Shoulder, nucle Lightness /pain
What is the reason for your visit? Upper back, Shoulder, nucle Lightness pain When did the problem begin? 6-12 months ago
Have you consulted any other health professionals about this problem? If so, please provide details.
Yes physio has provided some exercises.

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.

hours notice.	,		, ,,,		:	
☑ I consent to treatment					r.' 1,	
☑ I consent to receiving SMS and/or	email for b	ooking cor	nfirmation			t
Full Name Sam Caton					,	
Signature Scalen		Date	6/12/	2024	*	
If you are under the age of 18, yo form.	ur parent/g	uardian m	ust also sig	n and date	your new cli	ient
☐ Yes, I'm the parent/guardian.	Full Name				.*	northwater consider or
Signature		Date				