

Feel Better Remedial Massage

Personal information

First name Alan Last name YZP
Mobile number 0450071391 Email qq17344@hotmail.com
Date of birth 20/5/1998
Address 45 LUMLEY Street
Postcode 4122 Occupation Student

Emergency contact

First name _____ Last name _____
Mobile number _____ Relationship _____

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? Tired
When did the problem begin? don't know

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.

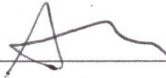
☒ I consent to treatment

☒ I consent to receiving SMS and/or email for booking confirmation

Full Name

Kwan Ho Yip

Signature



Date

12/12/2024

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

Feel Better Remedial Massage

CUPPING THERAPY CONSENT FORM

Have you had cupping treatment before? ☒ Yes ☐ No

I (client's full name) Kwan Ho Yip declare that the cupping therapy practitioner has fully explained to me the cupping therapy procedure, benefits, contraindications and possible side effects. I have been made aware that cupping marks may last between 1 to 3 weeks.

Signature 

Date 11/12/2024