

## Feel Better Remedial Massage

### Personal information

First name Skye Last name Staples  
Mobile number 0449015217 Email skiestaples@hotmail.com  
Date of birth 09/01/1985  
Address 4 Sunset Lane, Loganholme  
Postcode 4129 Occupation Admin

### Emergency contact

First name Beau Last name Staples  
Mobile number 0473660401 Relationship Father

### 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.

Blood Clot 2017, Dizziness from low blood pressure

Surgeries \_\_\_\_\_

### Current complaint

What is the reason for your visit? Sore lower back.

When did the problem begin? 2 weeks

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

No

### 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 Skye Staples

Signature [Signature]

Date 23/12/24

**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 \_\_\_\_\_