

## Feel Better Remedial Massage

### Personal information

First name RACHEL Last name NORRIS

Mobile number 0434 281 724 Email rachael.norris@gmail.com

Date of birth 06/02/1989

Address 17/16 VIOLET CLOSE EIGHT MILE PLAINS

Postcode 4113 Occupation ADMIN.

### Emergency contact

First name WAYNE Last name NORRIS

Mobile number 0449 823 652 Relationship HUSBAND

### 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.

HAD TWINS IN 2022 + HAD CARPEL TUNNEL FROM BREAST FEEDING  
NO LONGER AN ISSUE. ON MEDICATION FOR ANXIETY + DEPRESSION  
Surgeries C-SECTION

### Current complaint

What is the reason for your visit? ALL OVER TENSION.

When did the problem begin? \_\_\_\_\_

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 RACHEL NORRIS

Signature  Date 30/12/2024

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 \_\_\_\_\_