

Feel Better Remedial Massage

Personal information

First name Sarah Last name Macfarlane
Mobile number 0418171716 Email sarah-jsmith@hotmail.com
Date of birth 05/04/1994
Address 146 Dunbar St, Mt Gravatt East
Postcode 4122 Occupation Stay at home Mum

Emergency contact

First name JOCK Last name Macfarlane
Mobile number 0438144410 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.

Migraines ~ 1 x month
Surgeries Baby via C-section 2022

Current complaint

What is the reason for your visit? sore neck/back
When did the problem begin? A few days ago

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 Sarah Macfarlane

Signature [Signature] Date 8/2/25

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 _____