

## Feel Better Remedial Massage

### Personal information

First name Peyton Last name Smith  
Mobile number 0476266090 Email Smith.Peyton67@gmail.com  
Date of birth 11/02/1997  
Address 52 Gwarrari Street  
Postcode 4113 Occupation Warehousing

### 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 Lipo 360, Arm Lipo

### Current complaint

What is the reason for your visit? Drainage massage  
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 Payton Smith

Signature [Signature]

Date 13-2-25

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