Feel Better Remedial Massage

Personal information
First name Kenneth Chi Hung Last name Chenny
First name Kenneth Chi Hung Last name Chenny Mobile number 0466186718 Email Khkchi hung@gmail.
Date of birth
Address U4 32 Dartmonth & Cogners Plain
Address <u>U4 32 Dayt month</u> & Cogners Plann Postcode <u>4108</u> Occupation <u>Syle</u>
Emergency contact
First name Bernard Last name Cherry
First name Bernard Last name Cherna Mobile number 0458 553 650 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.
None
Surgeries
Current complaint
What is the reason for your visit? Remodent Maesage
When did the problem begin? Sturt lifting a lot things
Have you consulted any other health professionals about this problem? If so, please provide details.
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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
Consent to receiving SMS and/or email for booking confirmation
Full Name RENNBAH CHI HUNG CHEVNG
Signature Date 24/2 / 2625
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