Feel Better Remedial Massage

Personal information First name Esther Last name Turvey Mobile number 6426621379 Email estherturvey17@gmail.com Date of birth 17 / 64 / 2008 Address 4/30 Taylor Pl Mackenzie Postcode 4156 Occupation Student Nurse **Emergency contact** First name Harry Last name Nguyen Mobile number 0489199114 Relationship partner Health History If you have a history of any of the following conditions, please check below. ☐ Asthma ☐ Headaches/Migraines ☐ Dizziness □ Diabetes ☐ Heart Conditions ☐ 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 _____ **Current complaint** What is the reason for your visit? _____ 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 Marry Name Esther Turvey
Signature Date Date Date
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
Yes, I'm the parent/guardian.
Signature Date 213/25