

## Feel Better Remedial Massage

### Personal information

First name Manon

Last name Sheridan

Mobile number 0411270357

Email manon.sheridan27@msn.co

Date of birth 27/01/1953

Address 5 Maygrove Ct 8 Mile Plain

Postcode 4113 Occupation medical Sociologist

### 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.

penicillin sulphurs

Surgeries \_\_\_\_\_

### Current complaint

What is the reason for your visit? To reduce pain and inflammation

When did the problem begin? many yrs

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 Marian Sheridan

Signature [Signature] Date 3/4/2025

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 \_\_\_\_\_