Feel Better Remedial Massage

Personal information
First name Mary Last name Heneohan
First name Mory Last name Heneshan Mobile number 0434967875 Email Mandaheneshan @ Small.
Date of birth 10 9 161
Address 38 Milla place, Carindole
Postcode 4152 Occupation Counsellor
Emergency contact
First name Gerry Last name Hereghen
Mobile number 0466617660 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 Mild Sleep Apage 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.
Allergies-Tramadol, deservation in rock. Surgeries LY/LS Fusion, Spleenectomy
Surgeries LY/LS FUSION, Spleenectomy
Current complaint
What is the reason for your visit? Check up - Kight glutes + Shoulde
When did the problem begin? On some
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.

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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
If I consent to receiving SMS and/or email for booking confirmation
Full Name MARY Henroben
Signature MARY Hereshon Date 17/4/25
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