

Feel Better Remedial Massage

Personal information

First name Jessica

Last name Twingafasi

Mobile number 0410840047

Email jtwingafasi@gmail.com

Date of birth 21, 09, 1992

Address 57 Ashwood cct, Chambers Flat, 4133

Postcode _____ Occupation Admin

Emergency contact

First name Manasa

Last name Twingafasi

Mobile number 0449610553

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
- ☐ 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 Breast augmentation, side lift, arm lift, 360 tummy tuck

Current complaint

What is the reason for your visit? Lymphatic drainage

When did the problem begin? 23/3/25

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 Jessica Tungafusi

Signature [Signature] Date 14/5/25

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 _____