

Feel Better Remedial Massage

Personal information

First name Melinda Last name Haynes
Mobile number 0431 700 680 Email melinda_haynes@hotmail.com
Date of birth 14/12/1979
Address 21 Dolphin St MacGregor QLD
Postcode 4109 Occupation Marketing

Emergency contact

First name Philip Last name Haynes
Mobile number 0435 559 081 Relationship brother

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.

anxiety - on medication, allergic to penicillin,
Surgeries None high blood pressure
on
medication

Current complaint

What is the reason for your visit? Back pain

When did the problem begin? on/off but last week but worse past 2 days

Have you consulted any other health professionals about this problem? If so, please provide details.

NO

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 Melinda Haynes

Signature Melinda Haynes Date 15/9/25

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 _____