## Feel Better Remedial Massage

| Personal information   |   |
|--|---|
| First name Sinead Last name Anderson   |   |
| Mobile number 0413601678 Email dinosaurs eat people Wlotanal Co                                      | م |
| Date of birth <u>08,10,92</u>  |   |
| Address 40 Valentia street Mansfield.  Postcode 4122 Occupation Gardenes                             |   |
| Postcode 4122 Occupation Gardenes  |   |
| Emergency contact  | • |
| First name Sebastier Last name Schulert  |   |
| Mobile number 0411241648 Relationship Partner  |   |
| 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 Disordérs ☐ Varicose Veins                           |   |
| Health History Details   |   |
| If you checked to any of the above questions, please provide further information here.               |   |
| Nerve impingments; neck arm and hip.   |   |
| Surgeries  |   |
| Current complaint  |   |
| What is the reason for your visit? pain relief.  |   |
| When did the problem begin? $n/A$  |   |
| Have you consulted any other health professionals about this problem? If so, please provide details. |   |
| Rhumitoldogist.  |   |

## Treatment consent

| 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. |
| consent to treatment  |
| consent to receiving SMS and/or email for booking confirmation  |
| Full Name Sinead  |
| Signature Date 27/05/25   |
| 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  |