

## Feel Better Remedial Massage

### Personal information

First name Kaye Last name Coleborn  
Mobile number 0400 062853 Email KLAASCE@hotmail.com  
Date of birth 21/1/74  
Address 4 LOWRIE CT, CLEVELAND  
Postcode 4143 Occupation TEACHER AID

### Emergency contact

First name ANDREW Last name COLEBOR  
Mobile number 0400 501078 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.

MULTIPLE SCHECOLIS-

Surgeries \_\_\_\_\_

### Current complaint

What is the reason for your visit? GENERAL ACHES

When did the problem begin? \_\_\_\_\_

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 KAYE LOUISE COLEBORO  
Signature Kloe Date 14-6-25

**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 \_\_\_\_\_