

Feel Better Remedial Massage

Personal information

First name Bettina Last name Ness
Mobile number 0415 575 952 Email bettina.ness@hotmail.com
Date of birth 10 / 12 / 80
Address 5 Jilloong St Mansfield QLD
Postcode 4122 Occupation teacher

Emergency contact

First name _____ Last name _____
Mobile number _____ Relationship _____

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 hernia, hysterectomy, laparoscopy, c-section

Current complaint

What is the reason for your visit? well being

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 Bettina Ness

Signature [Signature]

Date

30/07/25

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
