

**Feel Better Remedial Massage**  
**PREGNANCY FORM**

**Personal information**

First name Serena Last name Wong  
Mobile number 0412592192 Email serena-w@live.com  
Date of birth 15/09/1993  
Address 35 Lynmouth Street, Upper Mount Gravatt  
Postcode 4122 Occupation Occupational Therapist

**Emergency contact**

First name Hamish Last name Topen  
Mobile number 0448768495 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 \_\_\_\_\_

**Current complaint**

How Many Weeks Are You? 26 DUE DATE 22/01/2026  
What is the reason for your visit? puffiness, back sore, leg cramps  
When did the problem begin? during second trimester

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

yes - weekly pilates for conditioning

### **PREGNANCY WELL BEING**

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?

- ☐ Vaginal Bleeding And Or Abnormal Discharge    ☐ Fever Toxaemia/Preeclampsia
- ☐ Excessive Swelling Of Hands, Legs And Or Face    ☐ Varicose Veins
- ☐ Decreased Fetal Movement In The Past 24 Hours    ☐ Diarrhoea/ Vomiting
- ☐ Diabetes    ☐ Pre-Term Labour    ☐ Abdominal Pain Or Unusual Pain Anywhere Else In The Body

**Other - please specify**

\* If you have checked any of the above, your therapist may need approval of your physician to treat you.

### **HAVE YOU HAD ANY COMPLICATIONS OR ABNORMALITIES?**

If yes, please describe:

### **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 Serena Wong

Signature 

Date 17/10/2025