

Feel Better Remedial Massage

Personal information

First name Angela Last name Small

Mobile number 0409 864 964 Email small.ange08@gmail.com

Date of birth 7, 3, 1977

Address 45 DIRKALA ST, MANSFIELD

Postcode 4122 Occupation Radiographer

Emergency contact

First name Simon Last name Small
Mobile number 0403-409-825 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 (low iron)
- ☐ 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 (treated August monthly - L. Leg)
- Health History Details**

Health History Details

If you checked to any of the above questions, please provide further information here.

Re RSI issue both ankles, sleep with mouthguard to prevent

Surgeries jaw clenching
gall bladder, sinuses, tonsils

Current complaint

Current complaint: pain both legs, thoracic spine also stiff.

What is the reason for your visit? overdue for regular massage, crick in neck - last math

When did the problem begin? _____

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

have seen chiropractor for thoracic spine, but only works for short period.

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 ANGELA SMALL

Signature chell Date 27/10/25

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 _____