Feel Better Remedial Massage

Personal information
First name Vilam Last name Shah
First name Nilam Last name Shah Mobile number 0435149752 Email Shahnilams 1 @gmail.com
Date of birth <u>05/01/1989</u>
Address 3/23/1 Logan Road, Eight mile pains.
Postcode 4113 Occupation Lab Technician
Emergency contact
First name Handik Last name Patel
Mobile number 0478964060 Relationship SPOUSE
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.
shingles in 2018
Surgeries None
Current complaint
What is the reason for your visit? Reduce in Hamation & Staress
When did the problem begin?NOT_Suge
Have you consulted any other health professionals about this problem? If so, please provide details.
NO

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.

consent to treatment
I consent to receiving SMS and/or email for booking confirmation
ull Name Nilam Shah
ignature
f you are under the age of 18, your parent/guardian must also sign and date your new client
orm.
Yes, I'm the parent/guardian. Full Name
ignature Date