

Feel Better Remedial Massage

Personal information

First name SAMANTHA

Last name JACOBSEN

Mobile number 0408 707 557

Email sam.jacobsen@hotmail.com

Date of birth 21 / 03 / 79

Address _____

Postcode 4122 Occupation TEACHER

Emergency contact

First name DAVID

Last name JACOBSEN

Mobile number 0434 350 175

Relationship SON

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 recent: Foot surgery 5yrs ago: heart ablation

Current complaint

What is the reason for your visit? sore/stiff rig left shoulder & neck

When did the problem begin? 5 days ago, I have been sitting markin

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.

☒ I consent to treatment

☒ I consent to receiving SMS and/or email for booking confirmation

Full Name SAMANTHA

Signature [Signature]

Date 12/11/25

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 _____