

Feel Better Remedial Massage

Personal information

First name Rachel Last name Brown

Mobile number 0404616659 Email _____

Date of birth 13, 2, 80

Address 18 Treacher St Upp Mt Gravatt

Postcode 4122 Occupation _____

Emergency contact

First name Peter Last name Brown

Mobile number 0481556193 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.

tight left shoulder

Surgeries _____

Current complaint

What is the reason for your visit? relaxation

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 Rachel Brown

Signature [Signature] Date 19.11.25

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 _____