

## Feel Better Remedial Massage

### Personal information

First name Jessica Last name Burn  
Mobile number 0421 236 936 Email jess.burn09@gmail.com  
Date of birth 18 / 09 / 1998  
Address 25 London St, Eight Mile Plains  
Postcode 4113 Occupation APS Officer

### Emergency contact

First name Sarah Last name Burn  
Mobile number 0423 624 264 Relationship Sister

### 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.

I have Scheurman's Kyphosis  
Surgeries Gastric Bypass

### Current complaint

What is the reason for your visit? Lymphodema  
When did the problem begin? Recently diagnosed

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 Jessica Burn

Signature [Signature]

Date 21/11/2025

**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 \_\_\_\_\_