

Feel Better Remedial Massage

Personal information

First name Archana Last name Thoppil
Mobile number 0430991103 Email archana-thoppil@hotmail.com
Date of birth 29 / 05 / 1976
Address 36, CRESTHAVEN DR. MANSFIELD
Postcode 4122 Occupation I.T

Emergency contact

First name MILIND Last name CHOPBOLE
Mobile number 0430991102 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:

Mild ASTHMA and MILD Varicose Veins

Surgeries _____

Current complaint

What is the reason for your visit? Relaxation after a travel

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.

☒ consent to treatment

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

Full Name Archana Thoppil

Signature Archana Thoppil

Date 23/10/2025

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 _____