

**From:** Squarespace <form-submission@squarespace.info>  
**Sent:** Wednesday, 27 April 2022 8:06 PM  
**To:** tarrengowerrm@gmail.com  
**Subject:** Form Submission - Client History Form

Sent via form submission from [Tarrengower Remedial Massage](#)

**Name:** Fiona Heathcote

**Identify as:** Female

**Email:** fiona.gapmagazines@gmail.com

**Phone:** 0421877218

**Date of Birth:** 6/5/1966

**Occupation:** Aged care worker

**Sports / activities:** Walking  
Gym

**Health fund:** Medibank

**Private health extras cover?:** Yes

**Emergency Contact Name:** Kerry Crofts

**Emergency contact phone:** 0421487046

**Do you have any limitations for treatment?:** No

**What are your expectations for treatment?:** To see if it helps with lower back, right hip and hamstring pain

**Is there a possibility that you are pregnant?:** No

**Varicose Veins:** No

**Sunburn:** No

**Recent surgery / scar tissue:** No

**Major operations / accidents:** No

**Inflamed / painful areas:** Yes

**High / low blood pressure:** No

**Circulatory disorders:** No

**Supplements:** No

**Neck / spine injury:** No

**Arthritis:** No

**Skin Diseases:** No

**Allergies:** No

**Diabetes:** No

**DVT / blood clots:** No

**Fractures / dislocations:** No

**Raised temperature:** No

**Headaches / migraines:** No

**Strains / sprains:** No

**Cancer:** No

**Infectious conditions:** No

**Medications:** No

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