

**tarrengowerrm@gmail.com**

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**From:** Squarespace <form-submission@squarespace.info>  
**Sent:** Friday, 4 March 2022 8:33 PM  
**To:** tarrengowerrm@gmail.com  
**Subject:** Form Submission - Client History Form

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

**Name:** Jane Hoiting

**Identify as:** Female

**Email:** ajhoiting@hotmail.com

**Phone:** 0431974955

**Date of Birth:** 11/23/1964

**Occupation:** Event Manager

**Sports / activities:** Yoga, walking

**Health fund:** Australian Unity

**Private health extras cover?:** Yes

**Emergency Contact Name:** Allardes Hoiting

**Emergency contact phone:** 0400717992

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

**What are your expectations for treatment?:** Pain relief

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

**Varicose Veins:** Yes

**Sunburn:** No

**Recent surgery / scar tissue:** No

**Major operations / accidents:** No

**Inflamed / painful areas:** Yes

**High / low blood pressure:** No

**Circulatory disorders:** No

**Supplements:** Yes

Homeopathic, nutritional supplement

**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:** Yes

**Cancer:** No

**Infectious conditions:** No

**Medications:** No

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