

## Form Submission - Client History Form

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**From:** Squarespace [form-submission@squarespace.info](mailto:form-submission@squarespace.info)

**To:** [tarrengowerrm@gmail.com](mailto:tarrengowerrm@gmail.com)  
[tarrengowerrm@gmail.com](mailto:tarrengowerrm@gmail.com)

**Sent:** Wednesday, 6 July, 20:21

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

**Name:** Lois Larkman

**Identify as:** Female

**Email:** [sandgar@bigpond.net.au](mailto:sandgar@bigpond.net.au)

**Phone:** [0419311771](tel:0419311771)

**Date of Birth:** 1/9/1942

**Occupation:** farmer

**Sports / activities:** gardening

**Health fund:** nil

**Private health extras cover?:** No

**Emergency Contact Name:** Michelle Janes

**Emergency contact phone:** [0427065003](tel:0427065003)

**Do you have any limitations for treatment?:**

**Yes**

Ⓢ hip replacement May 2022

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

relief from back muscle spasm

**Is there a possibility that you are pregnant?:**

No

**Varicose Veins:** **Yes**



**Sunburn:** No

Recent surgery / scar tissue: Yes

@HIP replacement

Major operations / accidents: Yes

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Inflamed / painful areas: Yes

Lower Back

High / low blood pressure: No

Circulatory disorders: No

Supplements: Yes

Magnesium,

Neck / spine injury: No

Arthritis: Yes

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: Yes

Sotalol

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ATRIA Fibrillation