

## Tarregower Remedial Massage

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**From:** Squarespace <form-submission@squarespace.info>  
**Sent:** Tuesday, 25 April 2023 12:05 PM  
**To:** tarregowerrm@gmail.com  
**Subject:** Form Submission - Client-History-form

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

**Name:** Scott Glen

**Identify as:** Male

**Email:** scottglen@westnet.com.au

**Contact phone number:** 0409540316

**Address:** 41, Rowes Road, Maldon, VIC 3463 Australia

**Date of Birth:** 5/3/1969

**Occupation:** Diesel Mechanic

**What sports and/or activities do you do?:** None

**Health Fund?:** None

**Health fund Extras cover?:** I don't have private health cover

**Emergency Contact name:** Carol Troutbeck

**Emergency contact phone number:** 0409196121

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

**Details of limitations if previous answer is yes:**

**What are your expectations for treatment?:** Make me feel better with no or less pain.

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

**Do you have varicose veins?:** No

**Do you have sunburn?:** No

**Have you had any recent surgery or do you have scar tissue?:** No

**Details if answer to previous question is yes.:**

**Do you have any inflamed or painful areas?:** Yes

**Details if answer to previous question is yes.:** Lower back and hip pain and shoots down my left leg.

**High or Low Blood Pressure:** Normal

**Do you have a circulatory disorder?:** No

**Do you take supplements?:** No

**Details if answer to previous question is yes.:**

**Do you have arthritis?:** No

**Details if answer to previous question is yes.:**

**Do you have any allergies?:** No

**Details if previous answer is yes.:**

**Do you have diabetes?:** No

**Have you ever had blood clots or been diagnosed with DVT?:** No

**Have you had any fractures or dislocations:** Yes

**Details if previous answer is yes.:** Both wrist

**Do you suffer from headaches or migraines?:** Yes

**Do you have cancer?:** No

**Details if previous answer is yes.:**

**Do you have any infectious conditions?:** No

**Are you taking any medications?:** No

**Details if previous answer is yes.:**

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