Tarrengower Remedial Massage

From:

Squarespace <form-submission@squarespace.info>

Sent:

Wednesday, 13 September 2023 8:30 PM

To:

tarrengowerrm@gmail.com

Subject:

Form Submission - Client-History-form

Sent via form submission from Tarrengower Remedial Massage

Name: Shayne Hill

Identify as: Male

Email: xtremevisuals@gmx.com

Contact phone number: 0401494737

Address: 45 Dinah Road, Chewton VIC 3451, Australia

Date of Birth: 29 May 1974

Occupation: Photographer

What sports and/or activities do you do?: Running & Orienteering

Health Fund?: None

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

Emergency Contact name: Mai Hill

Emergency contact phone number: 0474457222

Do you have any limitations for treatment?: No

Details of limitations if previous answer is yes:

What are your expectations for treatment?: Help with tightness across the shoulders and remove some tightness in

calves

Is there a possibility that you are pregnant: I am Male

Do you have varicose veins?: No

Do you have sunburn?: No

Have you had any recent surgery or do you have scar tissue?: Yes

Details if answer to previous question is yes.: Right calf had a strain a few weeks back.

Do you have any inflamed or painful areas?: Yes

Details if answer to previous question is yes.: Right calf

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: No
Details if previous answer is yes.:
Do you suffer from headaches or migraines?: No
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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