

Tarrengower Remedial Massage

From: Squarespace <form-submission@squarespace.info>
Sent: Thursday, 21 September 2023 6:05 PM
To: tarrengowerrm@gmail.com
Subject: Form Submission - Client-History-form

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

Name: Bev Lewis

Identify as: Female

Email: bevwlewis@gmail.com

Contact phone number: 0429106835

Address: 295 Barker St, Castlemaine Vic 3450, Australia

Date of Birth: 20 May 1954

Occupation: Retired

What sports and/or activities do you do?: Walk, swim

Health Fund?: Medibank

Health fund Extras cover?: No

Emergency Contact name: Vicki Lewis

Emergency contact phone number: 0427 375 541

Do you have any limitations for treatment?: No

Details of limitations if previous answer is yes:

What are your expectations for treatment?: Refresh

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

FIBROMYALGIA

Details if answer to previous question is yes.: Muscle spasm in back

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?: Yes *Osteo*

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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