

Tarengower Remedial Massage

From: Squarespace <form-submission@squarespace.info>
Sent: Thursday, 12 January 2023 8:57 AM
To: tarengowerm@gmail.com
Subject: Form Submission - Client-History-form

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

Name: Leigh Svendsen

Identify as: Female

Email: leigh.svendsen@outlook.com

Contact phone number: 0418538989

Address: 18 Hornsby St, Maldon, Vic 3463 Australia

Date of Birth: 12/18/1957

Occupation: Board member and retired

What sports and/or activities do you do?: gardening & very occassionally at the moment I walk

Health Fund?: N/A

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

Emergency Contact name: Carol Watters

Emergency contact phone number: 0425 789 128

Do you have any limitations for treatment?: No

Details of limitations if previous answer is yes: I don't think so

What are your expectations for treatment?: plenty of pain during with releif afterwards.

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?: Yes

Details if answer to previous question is yes.: scar tissue - feet [very old] and abdomen following hyster

Do you have any inflamed or painful areas?: Yes

Details if answer to previous question is yes.: neck, shoulders, lower back.

High or Low Blood Pressure: Normal

Do you have a circulatory disorder?: No

Do you take supplements?: Yes

Details if answer to previous question is yes.: magnesium, vit D & B

Do you have arthritis?: Yes

Details if answer to previous question is yes.: osteoarthritis low level generalised

Do you have any allergies?: Yes

Details if previous answer is yes.: tiger balm, burn creams, some opiates, ampicillian

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.: # dislocation left ankle - pinned & plated

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?: Yes

Details if previous answer is yes.: Anti depressant

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