

Tarregower Remedial Massage

From: Squarespace <form-submission@squarespace.info>
Sent: Friday, 30 June 2023 3:43 PM
To: tarregowerrm@gmail.com
Subject: Form Submission - Client-History-form

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

Name: leon griffin

Identify as: Male

Email: leondgriffin@hotmail.com

Contact phone number: 0408479922

Address: 8 Verdant Ct, Kangaroo Flat Victoria 3555, Australia

Date of Birth: 16 July 1980

Occupation: Banker

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

Health Fund?: Bupa

Health fund Extras cover?: No

Emergency Contact name: leon griffin

Emergency contact phone number: merridee

Do you have any limitations for treatment?: No

Details of limitations if previous answer is yes:

What are your expectations for treatment?: to be fixed !

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.: Calf strain

(R)

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.:

Does this submission look like spam? [Report it here.](#)