Tarrengower Remedial Massage

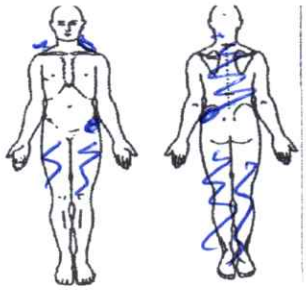
CLIENT RECORD: Follow-up Consultation

Last Name: HICKEY First Name: LINDA Date 14/12/21

Area Being Treated Cx/Lx Post HIP CHAIN Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

Response to previous treatment (+'ve, -'ve ISQ): +ve



HIP FLEXORS
Cx
~~Lx~~

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:**	
Treatment: MFIT ESG, U/T, Lev Scap Reflem, H/S & calves	Advice & Corrective Exercises: Cx stretch
Reassessment & Postural **Improvements:**	

Next Treatment/Management Plan: next week

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Have you received both Covid Vaccinations? **Yes** **No**
    a. If no are you booked in for your vaccination? **Yes – Date** ___/___/_____ **No**
2. Do you have a fever or Respiratory Symptoms? **Yes** **No**

Symptoms include fever OR an acute respiratory infection and include (but are not limited to) cough, sore throat, fatigue and shortness of breath with or without a fever.

3. Have you been identified as a close contact of a confirmed case of coronavirus? **Yes** **No**

A close contact is someone who has been face to face for at least 15 minutes, or been in the same closed space for at least 2 hours with someone who has tested positive for the COVID-19 when that person was infectious.

3. Have you returned from overseas within the last 14 days? **Yes** **No**

4. Are you waiting on COVID-19 swab results? **Yes** **No**

5. Have you been asked to self-isolate by your GP, or a government authority? **Yes** **No**

6. Have you received a COVID-19 vaccination in the past 3 days? **Yes** **No**

7. (Clinic only) Have you checked in? **Yes** **No**

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name Linda Hicky

Your signature LMHicky

Date 14/12/21

CHECK-IN NOW

Tarrengower Remedial Massage

Unable to scan? Download the Service Victoria app and use code:

QDG Z6Q