

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: HICKEN First Name: LINDA

Date 4/1/22

Area Being Treated Tx/Lx/Lsp

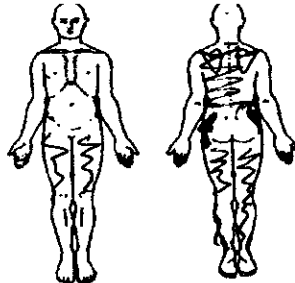
Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/N

If yes \_\_\_\_\_

\_\_\_\_\_

Response to previous treatment (+ve, -ve, SQ): 110°



Relieve tightness  
in back.  
→ Lifting  
→ Pulling horse

### Client consent for treatment

Please sign L.M. Hickney

Date 4/1/22

### OBJECTIVE EXAMINATION:

<b>Observation:</b> <u>Tight from working on farm</u> <u>(Pulling 100m horse)</u>	<b>Motion tests (Active, Passive, Resisted, Special Tests):</b> <u>HIP Flex 100° Bilat</u>
<b>Palpatory Assessment:</b> <u>Ⓚ Rec Fem Hypertonic</u> <u>Ⓚ H/S (Biceps Fem) Hypertonic</u> <u>Lx &amp; Tx ++ Hypertonic</u>	
<b>Treatment:</b> <u>MFTT T &amp; Lx</u> <u>DIP</u> <u>Ⓚ Glute Med (Hypertonic)</u> <u>MFTT H/S CFF Ⓚ Biceps Fem</u> <u>DIP Teres Minor</u>	<b>Advice &amp; Corrective Exercises:</b> <u>Rest &amp; light H/S &amp; HIP Flexor</u> <u>Stretches daily.</u>
<b>Reassessment &amp; Postural Improvements:</b> <u>HIP Flex 110° Bilat.</u>	

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 Hickey

Your signature L.H. Hickey

Date 4/1/22

**CHECK-IN NOW**



Tarregower Remedial Massage



Unable to scan? Download the  
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**QDG Z6Q**