Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HICKEY   First Name: LINDA   Date 11/1/22
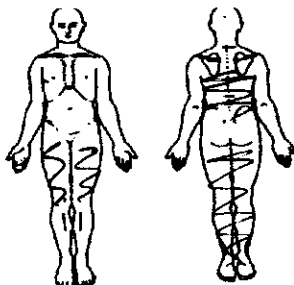
Area Being Treated C×/L×/r×
Post & ANT LEG

Current Presentation LOOTRADIOPS:

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

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

Stiff & tight
from walking &
gardening

Client consent for treatment

Please sign L M Hickey   Date 11/1/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
	Hip Flex L 110° R. (Spring)
	P 100° R (Spring)

Palpatory Assessment:
ESG Hypertonic
Rec Fem   "
① Vastus Lateralis Hypertonic

Treatment:
MFT ESG, U/T, Lev Scap,
Glute Med, It/s, Calves
Rec Fem
DIP MT/P U/T
Pin & Stretch Rec Fem B/W

Advice & Corrective Exercises:
Hip Flexor stretch 2× daily
3× reps 1× set

Reassessment & Postural Improvements:
Hip Flex L 115° R. (Spring)
R 115° R (Spring)

Next Treatment/Management Plan: ___Next week___

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Are you fully vaccinated against Covid-19? **Yes** No
   a. If no are you booked in for your vaccination or booster? **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.

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

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

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

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

8. (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.M.Hickey_____

Date _11_/_1_/_22_

CHECK-IN NOW

Tarrengower Remedial Massage

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

QDG Z6Q