

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HICKEY First Name: LINDA

Date 18/1/22

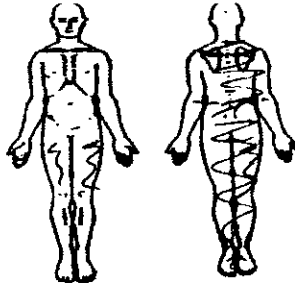
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y(N)

If yes _____

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



Tired & Sore
from carrying
lifting Peter

Client consent for treatment

Please sign L. Hickey

Date 18/1/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
<p>Palpatory Assessment:</p> <p><u>Longissimus Hypertonic.</u></p> <p><u>MTIP - U/T, Lev Scap</u></p> <p><u>ITB - +++ Hypertonic</u></p>	
<p>Treatment:</p> <p><u>MFT ESG, U/T, Lev Scap</u></p> <p><u>H/S, GAS voc, Rec hem</u></p> <p><u>OIP MTIP U/T, Lev Scap, Biceps</u></p> <p><u>Fem. Piriformis, Glute Med</u></p> <p><u>PDS - Rec hem</u></p>	Advice & Corrective Exercises:
Reassessment & Postural Improvements:	

Lower Limb Stretches

Next Treatment/Management Plan: 2 weeks

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 J. M. Hickey

Your signature LINDA HILKEY

Date 18/1/22

CHECK-IN NOW



Tarregower Remedial Massage



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QDG Z6Q