

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HICKEY First Name: LINDA

Date 15/2/22

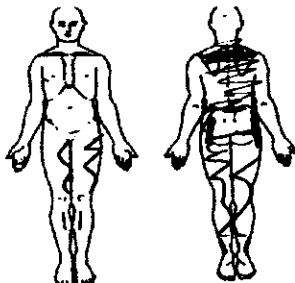
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Tightness due to
Supporting Peter.

Back, glutes,
H/S HIP Flexors

Client consent for treatment

Please sign L.H. Hickey

Date 15/2/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MPTT ESG, U/T, Low Scap</u> <u>Glute Med, max, H/S,</u> <u>Calves, Rechem</u> <u>DIP MTP H/S</u> <u>P&S Rec Fern</u>	Advice & Corrective Exercises: <u>Rec Fern Stretch</u> <u>H/S Stretch</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: ~~Call~~ Book when req'd

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 HILKEY

Your signature Linda Hilkey

Date 15/2/22

CHECK-IN NOW



Tarregower Remedial Massage



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

QDG Z6Q