Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: # (CKey First Name:	INDA	Date 7/6 Re
Area Being Treated Cx, Tx, Lx Cur Pec Muney	rent Presentation	LOOTRADIOPS:
Has your Clinical Impression changed? Y N If yes		Some after returning
Response to previous treatment (+'ve, -'veISQ):		Peter in Tas.
Client consent for treatment		
Please sign & M. Hickey	Date 7 /6/22	
OBJECTIVE EXAMINATION:		
Observation:	Motion tests (Active,	Passive, Resisted, Special Tests):
Palpatory Assessment:		
Treatment: MFTT ESG, LEW Scap VII, Supra		
PEC minor, Chute Med, TLF D.P MT.P Supra	Advice & Corrective	e Exercises:
DIP MILY Supra	tec pi	mor Stretch
	each	morning when after walking dog
Reassessment & Postural Improvements:	before &	after walking dog
9		
Next Treatment/Management Plan: Cls		