Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLecm First Name:	
Area Being Treated LB/Hr ls / Leg · Current Presentation LOOTRADIOPS:	
Has your Clinical Impression changed? Y (1) If yes Response to previous treatment (+'ve, -'veISQ):	O Chite Med V paintur No MOI O OL / alute Ne Peronem long.?
Client consent for treatment	
Please sign	Date 11-2-23
OBJECTIVE EXAMINATION:	
Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: Treatment: MFTT TUF, QUICLLE Med, Clute M HIS, CHOSTROC, Solews, Jub. Chil Peronous Lengus. Dip mfRP- Piriformis Reassessment & Postural Improvements:	
Next Treatment/Management Plan: 2 weeks (booked)	