

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HERCOTT First Name: KEN

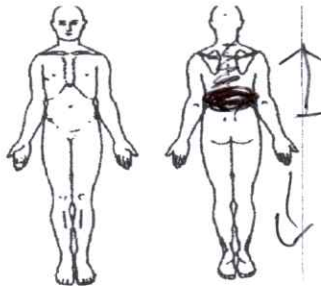
Date 28/10/21

Area Being Treated Lx/Tx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y
If yes _____

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



Stiff Lower Back

Client consent for treatment

Please sign [Signature]

Date 28/10/21

OBJECTIVE EXAMINATION:

<p>Observation: <u>Tight Lx/Tx due to work</u></p>	<p>Motion tests (Active, Passive, Resisted, Special Tests): <u>Lx Flex 15cm Knee S @ calf</u> <u>Lx Traps Flex L 2cm Knee S @ R ilio</u> <u>R 2cm Knee S @ D ilio cost.</u> <u>SLR R 45° S @ calf</u> <u>L 50° S @ calf.</u></p>
<p>Palpatory Assessment: <u>Tight Lx/Tx (TL Fascia)</u></p>	<p>Advice & Corrective Exercises: <u>Calf Stretches</u></p>
<p>Treatment: <u>MFTT - ESC, TRAPS, H/S, Calves</u></p>	
<p>Reassessment & Postural Improvements: <u>Lx Flex 20cm Knee S @ Calves</u> <u>Lx Traps Flex Knee S @ ilio cost</u></p>	

Next Treatment/Management Plan: _____

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. 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.

2. Have you been identified as a close contact of a confirmed case of novel 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.

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

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

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

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

7. (Clinic only) Have you checked in? **Yes** **No**

8. (Mobile only) How many visitors have been to your house today? ____

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name Ken Hercolt

Your signature *K Hercolt*

Date 28/10/21

CHECK-IN NOW



Tarrengower Remedial Massage



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

QDG Z6Q