

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HERCOTT

First Name: KEN

Date 25/11/21

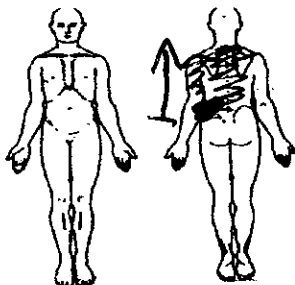
Area Being Treated Lx/Mx/Shoulders

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Pain lower back / hip
side (acute med)

Client consent for treatment

Please sign

[Signature]

Date 25/11/21

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p><u>Fabers - Pain on abd @ hip</u> <u>(L)</u></p> <p><u>Tender</u></p> <p><u>Free Trendelenberg</u> <u>(L) +ve</u> <u>(R) +ve</u> <u>(acute med?)</u></p>
<p>Palpatory Assessment:</p> <p><u>acute med tender</u></p>	
<p>Treatment:</p> <p><u>MFTT ESs, QL Glute Med</u></p> <p><u>HLs calves</u></p> <p><u>D.P.2 VIT, acute med</u></p> <p><u>M.P.2</u></p>	
<p>Reassessment & Postural Improvements:</p>	<p>Advice & Corrective Exercises:</p> <p><u>Plank</u></p> <p><u>calf stretch</u></p>

Next Treatment/Management Plan:

9/12 @ 6-30 pm.

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Have you received both Covid Vaccinations? ☒ Yes ☐ No
 - a. If no are you booked in for your vaccination? 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.

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 Hercott

Your signature 

Date 25/11/21

CHECK-IN NOW



Tarregower Remedial Massage



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

QDG Z6Q