

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Shepherd First Name: Adam

Date 27/4/22

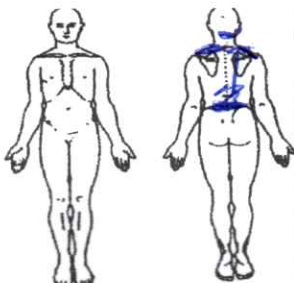
Area Being Treated Cx/MLD

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? YN

If yes _____

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



ESQ T CX

MLD - cx & Sinus.

Client consent for treatment

Please sign

[Signature]

Date

27/4/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT- ESQ, Glute Med, U/T, Lev Scap.</u> <u>DIP MFTT- Rhomboids, U/T, Lev Scap.</u>	
Reassessment & Postural Improvements:	<u>MLD - cx, Sinus, ear.</u> Advice & Corrective Exercises: <u>Cx stretch - Lateral</u> <u>- Flexion.</u>

Next Treatment/Management Plan:

When needed - glutes / legs

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 Alan Symonds

Your signature 

Date 27/4/22

CHECK-IN NOW



Tarregower Remedial Massage



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

QDG Z6Q