

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Heathcote First Name: Fiona

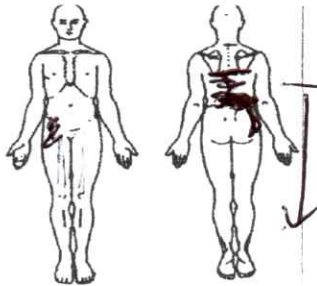
Date 2/6/22

Area Being Treated ⓪ HIP

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y Ⓝ
If yes _____

Response to previous treatment
(+ve, -ve, SQ): 1ve



⓪ HIP - Glute Med.?
Localised Pain
HIP Flexors
R HIP "weak" TFL!

Client consent for treatment

Please sign

[Signature]

Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>HIP Flex L 100° R, Spr. 15</u> <u>R 100° R, Spr</u>
Palpatory Assessment:	<u>HIP ABD 'L</u> <u>'R</u>
Treatment: <u>MFTT: Esc, Glute</u> <u>Med, GMax, TFL</u> <u>MT, P - Glute Max, Glute Med,</u> <u>TFL.</u>	<u>Trendelenberg - R + 1ve</u> <u>L - 1ve</u>
Reassessment & Postural Improvements:	Advice & Corrective Exercises: <u>Clamshells</u> <u>Glute Bridges</u>

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 coronavirus? Yes ☐ No ☒

You are a close contact if you: live in the same house as someone who tests positive. spent 4 hours or longer with someone in a home, or health or aged care environment.

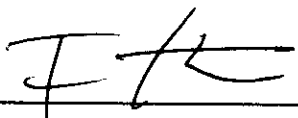
3. Are you waiting on COVID-19 swab results? Yes ☐ No ☒

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

5. Have you received a COVID-19 vaccination in the past 3 days? Yes ☐ No ☒

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

Name FIONA HEATHCOTE

Your signature 

Date 21/6/22