## Tarrengower Remedial Massage

## **CLIENT RECORD: Follow-up Consultation**

Last Name: HEATHCOTE First Name:	FIONA	
Area Being Treated Pecs/Cx/15c C	Current Presentatio	n LOOTRADIOPS:
Has your Clinical Impression changed? Y		for Minor & Major For Flys
Response to previous treatment (+'ve, -'veISQ):		Priformis.
Client consent for treatment		
Please sign T	Date 23/3	3 123
OBJECTIVE EXAMINATION:		
Observation:	Motion tests (Activ	re, Passive, Resisted, Special Tests):
Palpatory Assessment:		
Treatment:		
MFT 11:0 costals, Qr, longis Clute need gluto mas Pec mais fée minor. OIP MISP Clute Mas Reh Cr Joint Mas Reassessment & Postural Improvements:	Advice & Correct	ive Exercises:

4 weeks (booked)