Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: ADO 5 h First Na	me: Hayley	Date <u>22/6</u> /22
Area Being Treated <u>Co</u>	Current Presentation LC	OTRADIOPS:
Has your Clinical Impression changed? Y(N) If yes Response to previous treatment (+'ve, -'veISQ):+! yc		explaches x - O Sholv > radiating 1 140? -> Sinuses
Client consent for treatment		
Please sign # Addlem	Date 22/6	122.
OBJECTIVE EXAMINATION:	,	•
Observation: (Co)	CX Rotality 60 1	li e sem.
Palpatory Assessment: Pec Minor # H Tench	Cyclent FleroR30° L15°	S10 UH
Treatment:		
MFTT Traps 7 V/T Lev Scap Pec Miner	Cx Stretch	ercises: - Ult & Lev Scap
MD-Sucres	Pec Minor	
Reassessment & Postural Improvements:		
CxRoth L 60° SQUT		
2700 SQUIT + Let Color 400 SQUIT 400 SQUIT		
Next Treatment/Management Plan: 2 Walks - Per Money & Rhomb		

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

Date 22/6/22