

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Carr First Name: Jessica

Date 12/2/22

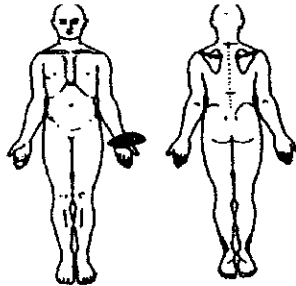
Area Being Treated OW/1st

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



OW Wrist
pain when repetitive
motion

Client consent for treatment

Please sign

[Signature]

Date 12/2/22

OBJECTIVE EXAMINATION:

| | |
|--|---|
| Observation: | Motion tests (Active, Passive, Resisted, Special Tests): Wrist ext. 90° P, @ ECR L Flex 90° PB Rad dev 20° PB UL dev 40° PB 3rd Finger ext -ive Mills test -ive Cozens test -ive |
| Palpatory Assessment: Extensors Hypertonic Proximal to Muscle belly. | |
| Treatment: MFTT ECRB, ECR L, Pronator teres ECU | Advice & Corrective Exercises: Eccentric Forearm extensor exercise |
| Reassessment & Postural Improvements: Rad dev | |

Next Treatment/Management Plan: _____

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 Jessica Carr

Your signature 

Date 12/2/22

CHECK-IN NOW



Tarregower Remedial Massage



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QDG Z6Q