Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: M^cCOMB   First Name: Anne - Maree   Date 28/2/22
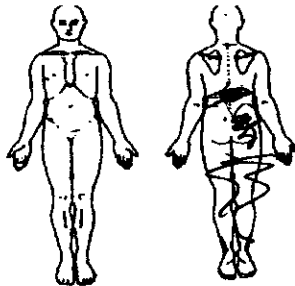
Area Being Treated Lx, Glutes   Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/N (N circled)
If yes _____
_____

Sore Lower Back
& Glutes

Response to previous treatment
(+'ve, -'ve ISQ): +'ve

Client consent for treatment

Please sign _____   Date 28/2/22.

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
	SLR
	Lx/Tx Flex 10 cm ↑ ankle S. @ Glute
Palpatory Assessment:	Obars
Treatment: MFTr TLF, Glute Med Glute Max Piriformis	
	Advice & Corrective Exercises: Piri Stretch. Glute Stretch (Clams Med → reclind
Reassessment & Postural Improvements: Lx/Tx Flex 10cm ankle S, @ HS.	

Next Treatment/Management Plan: ____ 2 weeks

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_____Anne-Maree M°Comb_____

Your signature_____

Date 28/ 2/ 22

CHECK-IN NOW

Tarrengower Remedial Massage

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

QDG Z6Q