

Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McComb First Name: Anne-Marie

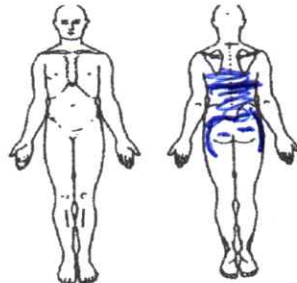
Date: 16/3/22

Area Being Treated Lx/Tx/Knees Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y(N) (N)

If yes _____

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



EXT Hip Rotn

Client consent for treatment

Please sign A

Date 16/3/22

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p><u>Lx Flex Ankle S, @ 1/2 costalis</u></p> <p><u>HIP ext rotn L 40° R (Spring)</u></p> <p><u>int rotn R 40° R (Spring)</u></p> <p><u>int rotn L 30° R (Spring)</u></p> <p><u>R 30° R (Spring)</u></p> <p><u>HIP ext R 90° S, @ 1/2 cost</u></p> <p><u>L 120° R (Spring)</u></p> <p><u>QL?</u></p>
<p>Palpatory Assessment:</p> <p><u>ilio costalis tight</u></p>	<p>Advice & Corrective Exercises:</p> <p><u>Piriformis Stretch</u></p> <p><u>Quad Stretch</u></p> <p><u>Clamshells</u></p>
<p>Treatment:</p> <p><u>MPTT ilio costalis, glute Med,</u></p> <p><u>glute Max, Reckon</u></p> <p><u>DIP QL, Piriformis</u></p>	
<p>Reassessment & Postural Improvements:</p> <p><u>HIP EXT R 120° R</u></p> <p><u>R Spring</u></p> <p><u>120° R Spring</u></p> <p><u>Lx Flex - ankle S, @ 1/2</u></p> <p><u>glute max</u></p>	

Next Treatment/Management Plan: 2 weeks (Booked - Anne-Marie)
to re-schedule if not required)

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 McEwmb

Your signature 

Date 16/7/22

CHECK-IN NOW



Tarregower Remedial Massage



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

QDG Z6Q