

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: McComb First Name: Anne Marie

Date 30/3/22

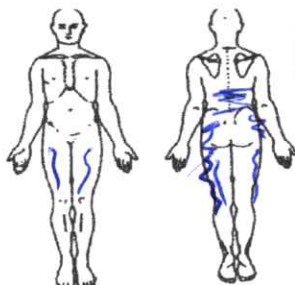
Area Being Treated \_\_\_\_\_

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes \_\_\_\_\_

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



Lower back  
glutes.

### Client consent for treatment

Please sign \_\_\_\_\_

Date 30/3/22

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Lev's Flex - ankle si @ Prox H/S</u> <u>Trendelenberg L -ve</u> <u>R +ve</u>
Palpatory Assessment:	<u>W.P</u> <u>Int Rotn L 30° R Spring</u> <u>R 300 R (Spring)</u> <u>Ext Rotn L 40° R (Spring)</u> <u>R 40° R (Spring)</u>
Treatment: <u>Rec Fem</u> <u>MFT TLE, ESA, Glute Med, Max</u> <u>DIP MTRP: Piriformis, Glute Med,</u> <u>Glute Max</u> <u>Copping ITB Bilat.</u>	Advice & Corrective Exercises: <u>Piriformis Stretch</u> <u>clamshells</u> <u>Floor Tx Rotn</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: Call when needed

## 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 McGonb

Your signature 

Date 30/3/22

**CHECK-IN NOW**



Tarregower Remedial Massage



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

**QDG Z6Q**