

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: PETRUSMAN First Name: Karlzie

Date 31/1/22

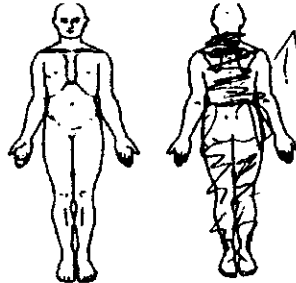
Area Being Treated \_\_\_\_\_

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y

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

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



Sore lower back  
QL? 11/0 costals?  
Glute med?

### Client consent for treatment

Please sign [Signature]

Date 31/1/2022

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Quadrant some pain on L</u> <u>lateral Flex.</u> <u>SLR R 65° SI @ Proximal H/S</u> <u>L 85° SI @ Mid H/S</u> <u>Scap offbad +ve L</u> <u>-ve R</u> <u>Ly Flex 10cm knee SI @ H/S</u>
Palpatory Assessment:	<u>Fredericksonberg</u> <u>+ve L</u> <u>+ve R</u>
Treatment:	<u>MFT 11/0 costals, longissimus</u> <u>OP QL, Glute Med</u> <u>MFT H/S, Anterior sacrocs.</u> <u>Glute Bridges 3 sets</u> <u>5 reps.</u>
Reassessment & Postural Improvements:	<u>SLR R 80° SI @ Prox H/S</u> <u>SLR L 90° SI @ Prox H/S</u>

Next Treatment/Management Plan: call ~~later~~ if any issues.

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 12/2/2022  
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

Katherine Petrusma

Your signature

[Signature]

Date

31/1/2022

**CHECK-IN NOW**



Tarregower Remedial Massage



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**QDG Z6Q**