Tarrengower Remedial Massage

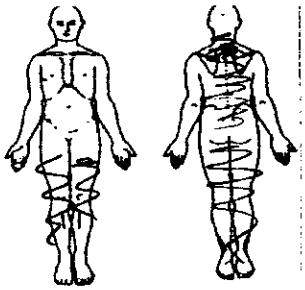
CLIENT RECORD: Follow-up Consultation

Last Name: PETRUSMA First Name: DONNA Date 22/11/21

Area Being Treated _____

Current Presentation LOOTRADIORS:

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



Maintenance

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

Client consent for treatment

Please sign [signature] Date 22/11/21

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:**	
Treatment: MFT ESG, LAT QORS; H/S, RecFem, VAS LAT	Advice & Corrective Exercises: QUAD Stretch ADDUCTOR
Reassessment & Postural **Improvements:**	

Next Treatment/Management Plan: _____

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Have you received both Covid Vaccinations? **Yes No**
    a. If no are you booked in for your vaccination? **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.

3. Have you returned from overseas within the last 14 days? **Yes No**
4. Are you waiting on COVID-19 swab results? **Yes No**
5. Have you been asked to self-isolate by your GP, or a government authority? **Yes No**
6. Have you received a COVID-19 vaccination in the past 3 days? **Yes No**
7. (Clinic only) Have you checked in? **Yes No**
8. (Mobile only) How many visitors have been to your house today? —

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name DONNA PETRUSHA

Your signature

Date 22/4/21

CHECK-IN NOW

Tarrengower Remedial Massage

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

QDG Z6Q