

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

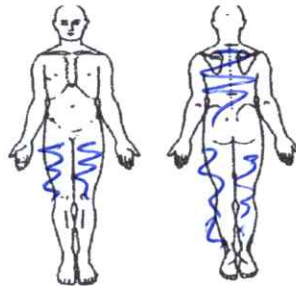
Last Name: PETRUSMA First Name: Donna

Date 16/12/21

Area Being Treated T/L & H/S, Quads Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N  
If yes \_\_\_\_\_

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



Maintenance - 6  
Stretching,

### Client consent for treatment

Please sign

[Signature]

Date

16/12/21

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>HIP Flex L 110° R (Spring)</u> <u>R " " "</u>
Palpatory Assessment: <u>Rec fem Tendon (prox) tight</u> <u>(Seated H.II Climbs on bike)</u>	
Treatment: <u>MFTT LSG</u> <u>DIP HATP - lev Scap.</u> <u>MFTT - H/S, Calves.</u> <u>Pin &amp; stretch rec fem</u>	Advice & Corrective Exercises: <u>HIP Flexor stretch</u>
Reassessment & Postural Improvements: <u>HIP Flex L 115° R Spring</u> <u>R 115° R Spring</u>	

Next Treatment/Management Plan: 3 weeks

# 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**

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

Name Donna Perusse

Your signature [Signature]

Date 16/12/21

**CHECK-IN NOW**



Tarregower Remedial Massage



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

**QDG Z6Q**