

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PETRUSMA First Name: Donna

Date 28/3/22

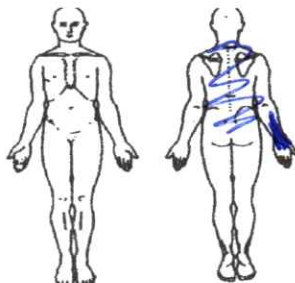
Area Being Treated @ forearm
cx/lx/rx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/N

If yes _____

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



ECRL Hypertonic
→ New Swim Stroke

Cx/rx/Lx - Recovery
post 113km ride

Client consent for treatment

Please sign

[Signature]

Date

28/3/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: MFFT: <u>ECRL</u> MFFT: <u>ESQ, U/T, Lev Scap, Supra, LAT, Porsi</u> DIP MRP - <u>Glute Med, U/T, Supra</u>	Advice & Corrective Exercises: <u>Wrist ext/flex with dumbbell</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 22/4. Prior to IMOZ travel

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 Donna Petrusme

Your signature [Signature]

Date 28/3/22

CHECK-IN NOW



Tarregower Remedial Massage



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

QDG Z6Q