Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: _PETRUSMA_   First Name: _DONNA_   Date _21/4/22_

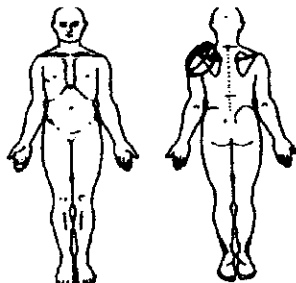Area Being Treated _Crlx/rx/_
Legs/aims.

Has your Clinical Impression
changed? Y Ⓝ
If yes_____
_____

Response to previous treatment
(+'ve, -'ve|SQ): _+ 've_

Current Presentation LOOTRADIOPS:

Pre-IMOZ travel
& check Ⓡ ECRL &. ✓
Ⓛ Shldr.
_____
_____
_____

Client consent for treatment

Please sign   Date

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
	Hawkins Kennedy – ve
Palpatory Assessment: Circum. Shldr ✓	
Treatment: Light oil – Effluerage & Petrissage whole body → last week before IMOZ tapr.	**Advice & Corrective Exercises:**
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: _as 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_____Danna Pemosma_____

Your signature____Darnfehn_____

Date _21_/_4_/_22_.

CHECK-IN NOW

Tarrengower Remedial Massage

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

QDG Z6Q