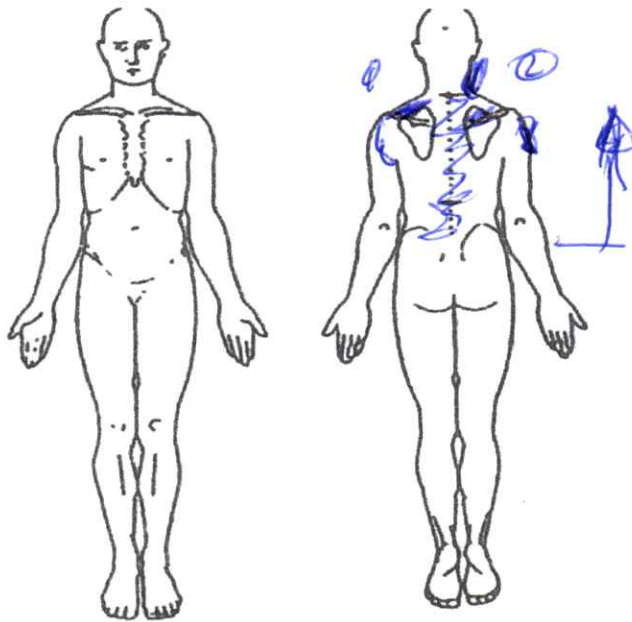


TARRENGOWER REMEDIAL MASSAGE

Date 23/4/22
Initial Consultation Form

Name: Graham Rodden



Indicate site or pain and referral area

Site of restriction
cx 1 leg. / foot

Location of pain/restriction/other: _____

① Neck ② U/T.

③ leg.

whiplash

Onset - Initial (when/how it first began): chronic

Now (current presentation): _____

Other Symptoms: Headache

Type of Pain: _____

Referral Pain: Headache

What aggravates the pain? _____

Degree of Pain (0-10): 4 Irritability Level: Low _____ Med _____ High

What Offsets / Alleviates the Pain? Medication

Past Treatments & Results: None

Special Questions (may also be specific to region): Painkiller - codeine

OBJECTIVE EXAMINATION - Body Type: Hypomobile 0-1 (✓) Average 2-4 () Hypermobile 5-9 ()

Observation

Posterior view L Scap ✓ Pst ✓ AB 93.5	Anterior view Clav ✓ D BERT ✓ Pst ✓ Shld ✓	Lateral view L Shld ✓ R ✓
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Motion Tests

<p>Active (P1, S1, PB)</p> <p>Shoulder ② circumduct ✓ →</p> <p>Cx Rotn L 30° S₁ @ V/R</p> <p>R 30° S₁ @ V/R</p>	<p>Passive (P1, S1, R1)</p>
<p>Resisted</p>	<p>Functional/Special Tests</p>

Palpatory Assessment:

U/T ② very tight.

Clinical Impression: _____

<p>Treatment</p> <p>MFTT U/T, Lev Scap</p> <p>ESG</p> <p>D.P U/T Lev Scap.</p> <p>Cx Rotn L 45° @ U/T</p> <p>R 45° @ U/T.</p>	<p>Reassessment</p>
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Corrective Exercises

Exercise	Sets	Reps	Other Advice
Cx Stretch	_____	_____	3x each side Held 20 sec.
_____	_____	_____	_____
_____	_____	_____	_____

Postural Improvements: _____

Treatment Goals / Management Plan: call when 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 *chronic*
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 GRAHAM REDFERN

Your signature *Graham Redfern*

Date 22/4/22

CHECK-IN NOW



Tarregower Remedial Massage



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

QDG Z6Q