

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: ~~ATKINSON~~ First Name: ~~ATKINSON~~ Amy

Date 21/0/21

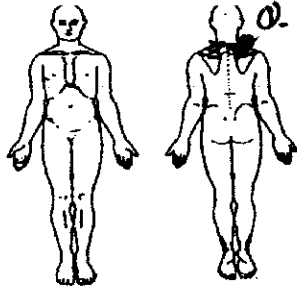
Area Being Treated Cx

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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



Tight Cx @ side
worse

Client consent for treatment

Please sign AK

Date 21/0/21

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Cx ROTN L 60° P, @ Post Scapulae R 70° S, @ Post Scapulae</p> <p>Cx LAT FLEX L 20° S, @ Mid Scapulae R 150° S, @ Post Scapulae</p> <p>Cx FLEX 3 Fingers S, @ U/T xx Lev Scap</p>
<p>Palpatory Assessment:</p> <p><u>Tight R Cx (Lev Scap, Scapula)</u></p>	<p>Advice & Corrective Exercises:</p> <p>Cx LAT FLEX L 20° S, @ midscapulae R 20° S, @ Mid Scapulae</p>
<p>Treatment:</p> <p><u>MFT ESG, U/T, Lev Scap, Scapulae,</u> <u>OIP Lev Scap, U/T</u> <u>MET - Cx LAT FLEX Bilat</u></p>	
<p>Reassessment & Postural Improvements:</p> <p><u>Cx LAT Stretch</u> <u>5x Bilat (am)</u></p>	

Next Treatment/Management Plan: _____

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. 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.

2. Have you been identified as a close contact of a confirmed case of novel 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 Amy Atkinson

Your signature [Signature]

Date 21/10/21

CHECK-IN NOW



Tarrengower Remedial Massage



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

QDG Z6Q