Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: BERRY First Name: OLIVER Date 24/1/22

Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes _____
_____
_____

Response to previous treatment (+'ve, -'ve ISQ): _____
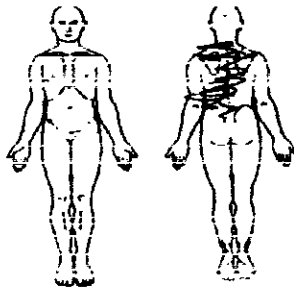
Shoulders & upper back tight

notice when work (lifting) finished.

_____
_____

Client consent for treatment

Please sign _____

Date 24/1/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
R SCAP ↑	R SHldr Abd 170° PB
	L " Abd 180° PB
	R Shld Ex 190°PB
Palpatory Assessment:	L Shld Flx 180°PB
R ∨/T, Lev Scap, Supra Hypertonic	R Shld In Rotn R 30°PB L 30°Pb
Treatment:	R Shld Ex Rotn R 90°PA L 90°PB
	Advice & Corrective Exercises:
	Rhomboid Act.
	Cx Lat Stretch
Reassessment & Postural Improvements:	Lev Scap Stretch.
R Shld ABD 180° PB	

Next Treatment/Management Plan: _____

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 *Oliver Berry*

Your signature _____

Date 24 / 1 / 22

CHECK-IN NOW

Tarrengower Remedial Massage

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

QDG Z6Q