Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: LADDS First Name: GENEVIEVE Date 3/2/22
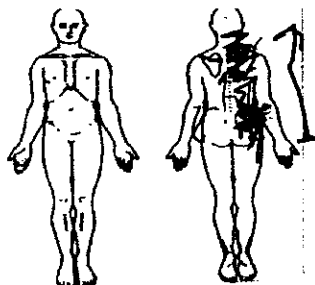
Area Being Treated Ck/Lx/Tx Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/N
If yes _____
_____
_____

Response to previous treatment
(+'ve, -'ve ISQ): +'ve

R Shldr √ Glutes
_____
_____
_____
_____
_____
_____

Client consent for treatment

Please sign _[signature]_   Date 3/2/22

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
	Lx/Tx Lat Flex ④ 10cm ↑ knee ~~R e QC?~~ P, @ QL
Palpatory Assessment:	R 10cm ↑ knee P, @ QL Trendellenburg R -ve L +ve
Treatment: MFT TL FASCIA, ESG, U/T, L/U Scap, Lat Dorsi, GluteMed DTP MaiP U/T & Lw Scap GluteMed, QL.	
	Advice & Corrective Exercises: CLAM SHELLS
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 _3_/_2_/_22_
      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_____Genevieve Ladds_____

Your signature_____/Ladd_____

Date _3_ / _2_ / _22_

CHECK-IN NOW

Tarrengower Remedial Massage

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

QDG Z6Q