Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: LADDS   First Name: GENEVIEVE   Date 12/3/22
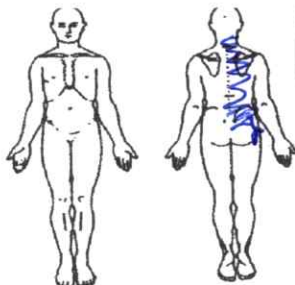
Area Being Treated Cx/Lx/Tx   Current Presentation LOOTRADIOPS:

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

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

Same issue as
last time
Pec Minor

Client consent for treatment

Please sign G Ladds   12.3.22   Date

OBJECTIVE EXAMINATION:

Observation:
R Scap ↑

Palpatory Assessment:
Pec Minor ⓛ Tight

Treatment:
MFTT TLF, ESG, Traps, Glute
Med, TFL, QL.
DiP MTrP QL, Glute Med,
TFL.

Reassessment & Postural Improvements:
Lx/Tx Lat ⓛ 8cm↑ knee S.@QL?
      R 5cm↑ knee S.@QL?

Motion tests (Active, Passive, Resisted, Special Tests):
Lx/Tx lat ⓛ 10cm↑ knee S.@TLF
         ⓡ 8cm↑ knee S.@ QL?
                              TLF

Advice & Corrective Exercises:
Pec Minor Stretch
Rhomboid activation
ClamShells → add resistance
QL → Rot'n & Flexion

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_____ Geneviève Ladds_____

Your signature_____ G Ladds_____

Date 12, 3, 22

CHECK-IN NOW

Tarrengower Remedial Massage

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

QDG Z6Q