

Virginia Dyson

Virginia Dyson Remedial Massage

Personal Information

Mrs

Suzanne

Jane

LAWSON

Sue

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Ph: Home

Ph: Work

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30/11/1963

55

Smith Street

GROVEDALE

VIC

Australia

3216

writer

Male

Female

Other

Emergency contact

Courtney

Lawson

0429016655

daughter

Referral source

How did you hear about this clinic?

Other Practitioner

Alice

Health History

If you have a history of any of the following conditions, please select below.

Heart disease

- Diabetes
- Asthma
- Headaches
- Autoimmunity
- Dizziness
- Pregnant
- Severe fatigue
- Bruise easily
- Blood pressure
- Skin conditions
- Epilepsy

Health history details

If you answered yes to any of the above questions, please provide further information here.

I'm a bit of a medical disaster! I have an underactive thyroid, am allergic to aspirin and ciprofloxacin, have osteoporosis, and have extensive nerve damage post 5 x spinal surgeries and 2 x radiotherapy doses. I have had five heart attacks (2020) brought on by the aspirin allergy. (aspirin allergy caused) coronary artery spasms. No recurrence since going off aspirin.

Surgeries

Please list any surgeries you have had within the last 12 months

none

Medicines/supplements

Please list any medications or supplements, including the reasons you are taking them.

Lovan - depression post tumour number 3, thyroxine (100mg), diltazem 180mg, clopidigral, Atorvastatin, 80mg, symbicort 200/6, spirivia, fazenra injection every 3 months, Cascara 2 x day, vitamin D, vitamin C, magnesium

Exercise

What type of exercise do you do and how often?

Walk daily, gym 2 x week -
LiveWell program

More info

Is there anything else that may be useful for me to know regarding your health for your treatment today?

I have monthly work with Alice to keep my body working and reduce pain.

Current Complaint

What is the reason for your visit?

Massage for back/feet/legs/sciatica Had a dose of RSV and haven't exercised or moved as much as usual, and my back is suffering.

When did the problem begin?

First tumour, 1994. Gradually worsened with subsequent tumours. (1994, 1996, 2003, 2009, 2016)

What caused the problem?

Tumor at L1, L2, L3, L5, S123

What relieves your symptoms?

movement, exercise, rest, massage,

What aggravates your symptoms?

movement, too much rest

Have you consulted any other health professionals about this problem? If so, please provide details. below.

See neurosurgeon yearly, gp regularly and other health practioners.

Are there any areas you DO NOT want to be massaged?

- Scalp
- Face
- Neck
- Back
- Arms
- Hands
- Glutes
- Legs
- Feet

Pain scale

On a scale of 1-10 with 1 being minimal and 10 being maximum pain, how would you rate your pain?

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Mood scale

On a scale of 1-10 with 1 feeling very down and 10 feeling great, how would you rate your mood?

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Private health fund details

If you have private health insurance that covers you for remedial massage you can claim via your health fund app or online, details are on the receipt that is sent to you. Please note, not all massage treatments are eligible for rebates.

Fund name

GMHBA

Customer/Membership number

10012133

Issue Date

Number on card

01

Card issue number

03

Treatment consent

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and I understand that I must update my service provider with any changes that may occur in my medical history. I understand that a 50% cancellation fee may apply if I do not provide at least 24 hours notice.

I consent to treatment

I consent to receiving SMS and/or email updates, news & offers

Client Name *

Date

Sue Lawson

10/10/2024

I am the client

I am submitting on behalf of the client