

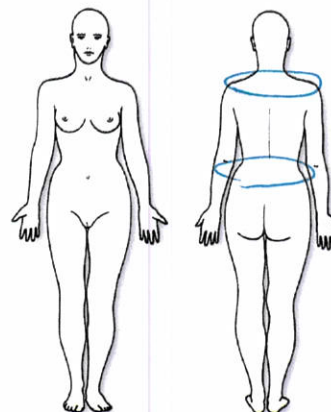


Personal Information – your honest info helps plan the best treatment for you.			
Full Name CHRISTINE JERVIS		Date of Birth 10.12.1979	
Postal Address PO BOX 106 WESTCOURT. QLD. 4870			
Home Phone —	Work Phone 0439775 003	Mobile 0421 845 090	
Email Address christine@focusonmovement.com.au			
Emergency Contact Details – Name and Number MARY MAJER 40331298			
Occupation – how long? MESSAGE THERAPY SWIM TEACHER 11 YRS	Current Doctor DR ZOE – TOO GOOD RD	Health Fund BUPA	
How did you find out about us? Who referred you? ME (HAHA)		May I thank them for referring you? Yes No	
Please circle: what is the fastest / best way to get a response from you? (E.g. when confirming a massage) <input checked="" type="radio"/> Text Message Home Telephone Work Telephone Email Facebook Message			
Physical activities / hobbies / exercise. Do you sit or stand for long hours? (E.g. computer/driving) SWIMMING / WALKING → YES SOMETIMES			
Medications – prescribed or natural: IRON TABLETS			
Medical History (Operations / Illnesses / Accidents / Injuries) BROKEN CLAVICLE X 2 LHS, BONE BRUISE L SHIN L4/L5 HERNIATION TO THE RIGHT			
Please circle any areas you DON'T want massaged Face Head Chest Stomach Back Buttocks Arms Legs Feet			
Please circle what type of massage pressure you prefer: <input checked="" type="radio"/> Gentle <input type="radio"/> Firm <input type="radio"/> Hard <input type="radio"/> Very Hard			

Some conditions affect massage. Please tick and circle things below that apply to you NOW.

<input checked="" type="checkbox"/> Allergies / Asthma / Sinus / Skin sensitivity
<input type="checkbox"/> Any contagious disease / Cold / Flu
<input type="checkbox"/> Anxiety / Depression
<input type="checkbox"/> Arthritis / Bone or Spinal problems / Osteoporosis
<input type="checkbox"/> Bruise Easily / Blood clotting problems / Swelling
<input type="checkbox"/> Cancer / Recent Illness / Surgery
<input type="checkbox"/> Diabetes <input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2 <input type="checkbox"/> GESTATIONAL
<input type="checkbox"/> Dizziness / Numbness / Tingling / Cold hands / Cold feet
<input type="checkbox"/> Fractured bones / Cuts / Burns
<input type="checkbox"/> Headache <input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> PERSISTENT
<input type="checkbox"/> Hearing or Vision problems / Hearing Aid / Contact lenses
<input type="checkbox"/> Heart Problems / Blood Pressure <input type="checkbox"/> HIGH <input type="checkbox"/> LOW
<input type="checkbox"/> Pain <input type="checkbox"/> SHARP <input type="checkbox"/> DULL <input type="checkbox"/> ACHING
When is your pain worst? <input type="checkbox"/> MORNING <input type="checkbox"/> NIGHT <input type="checkbox"/> ALL THE TIME
What relieves it? <input type="checkbox"/> ICE <input type="checkbox"/> HEAT <input type="checkbox"/> REST <input type="checkbox"/> MOVEMENT
<input type="checkbox"/> MEDICATION <input type="checkbox"/> TOPICAL CREAM <input type="checkbox"/> other -

Please circle any areas of soreness or pain on the body chart:



Any extra health details:

JUST TENSION
NO BAD PAIN



Menstrual and Fertility Conditions – please tick (or enter) what applies to you

<input type="checkbox"/> Painful Periods	<input type="checkbox"/> PCO (Polycystic ovaries)
<input type="checkbox"/> Irregular Periods	<input type="checkbox"/> PCOS (Polycystic Ovarian Syndrome)
<input type="checkbox"/> Excessive Bleeding (>1pad/tampon per/hr)	<input type="checkbox"/> POF (Premature Ovarian Failure)
<input type="checkbox"/> Fibroids	<input type="checkbox"/> Endometriosis
<input type="checkbox"/> Painful Ovulation	<input type="checkbox"/> Failure to Ovulate
<input type="checkbox"/> Miscarriage (once)	<input type="checkbox"/> Low AMH
<input type="checkbox"/> Recurrent miscarriage	<input type="checkbox"/> Retroverted or inverted uterus
<input type="checkbox"/> Other - DID HAVE IRREGULAR PERIOD (SHORT) + RETRO UTERUS BUT DIET CHANGE / EXERCISE / MS FIXED! → SAME WITH BLOW SYMPTOMS *	

Symptoms experienced prior to and during menstruation

<input checked="" type="checkbox"/> Lower back ache	<input checked="" type="checkbox"/> Change in bowels <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea
<input type="checkbox"/> Headaches	<input type="checkbox"/> Pain / numbness in legs <input type="checkbox"/> left leg <input type="checkbox"/> right leg
<input type="checkbox"/> Dizziness	<input checked="" type="checkbox"/> Cramps <input type="checkbox"/> left side <input type="checkbox"/> right side <input checked="" type="checkbox"/> lower abdomen
<input checked="" type="checkbox"/> Dragging sensation	<input checked="" type="checkbox"/> Dark thick blood at beginning of menstruation
<input type="checkbox"/> Heaviness or pressure in lower pelvis	<input type="checkbox"/> Dark thick blood at the end of menstruation
<input type="checkbox"/> Increased urination	<input checked="" type="checkbox"/> Blood clots
<input type="checkbox"/> Anything else you notice -	

Pregnancy and birth history

Are you currently trying to get pregnant? If yes, how long have you been actively trying? **NO**

Are you under treatment for infertility? i.e. IVF **NO**

How many pregnancies have you had? **1**

Number of deliveries? **1** How long were your birth hours for each delivery? **7hrs**

How would you describe your experiences or feelings about your:

- ☛ Pregnancy - **awful sickness (haze of medication) 25 wks.**
- ☛ Labour/delivery - **good labour except for surgery**
- ☛ Post-partum recovery - **quick and great.**

Did you have any interventions / complications?
Emergency to remove placenta which broke

Please tick what applies to your experiences:

<input checked="" type="checkbox"/> Natural Birth	<input type="checkbox"/> C-section
<input type="checkbox"/> Water Birth - lots of time in H₂O	<input type="checkbox"/> Termination
<input type="checkbox"/> Epidural / Pethidine	<input type="checkbox"/> Miscarriage
<input type="checkbox"/> Forceps / Ventouse	<input type="checkbox"/> Ectopic

Reasons for your visit

Do you have any particular goals for your massage treatments?

MUSCULAR TENSION & RELAXATION

What is your primary concern? Does it interfere with your sleep, work, relationships or everyday life?

FEEL CALMER / MOVE EASIER SOMETIMES

Important personal questions...

Do have any digestive complaints? E.g. Constipation (going <1 per day), diarrhoea, hard or loose bowel movements, abdominal pain, bloating or discomfort.

SOMETIMES - DEPENDS ON DIET

How well is your bladder working? Any infections or bladder weakness, difficulty experiencing orgasms, trouble when you sneeze or do you need to urinate frequently?

WEAKNESS SO DO STRENGTHENING

Any falls / injuries to your sacrum, tailbone or head? NO

Have you had any surgery on your abdomen / lower back?

NO.

Trauma is stored at a cellular level in the body and some massage techniques can affect your body's response (and your emotional state) so it's important for a therapist to understand your body's history. Have you witnessed or experienced any emotional abuse, physical abuse or trauma in your life?

NO. NOTHING TO REPORT

Do you fall asleep easily and how well are you sleeping through the night?

YES NORMALLY. I WISH I BABY FEEDING LOTS

Have you told your doctor or health practitioner about starting massage treatment? Yes No

Please read, confirm and sign

- ☒ I understand massage treatment is not a replacement for medical care.
- ☒ Massage therapists do not diagnose illness/disease or perform thrust manipulations.
- ☒ I will keep my massage therapist updated on any changes to this information and my health.

Client Signature *Christine M. Jenis*

Date 6. 6 2018

Therapist Signature

Date



PLEASE READ THIS INFORMATION CAREFULLY

Every massage treatment has potential risks...

Such as causing pain, muscular discomfort, fatigue, bruising, infection, burns (from heat therapy), feeling sleepy, fainting, aggravating existing conditions, creating an aromatic response (irritating/photo-sensitising skin), causing blood pressure changes or interacting with medications.

To minimise possible risk, you must:

Be honest

About all the information you provide regarding your health: especially for heart, kidney, immune or health problems or if you are pregnant/breastfeeding or trying to get pregnant. Massage should not be performed under certain medical conditions.

Tell your therapist

If you have sensitive skin, bruise easily, have any known health problems, if the temperature becomes unbearable (too hot or cold), if the massage pressure level is too intense or if you become uncomfortable or feel unwell at any stage during a treatment.

After treatment

It is common to feel relaxed or sleepy – please get up very slowly from the treatment table and give yourself time to adjust before driving/using stairs. Keep well hydrated with water especially in the 24-48 hours after treatment. Delay your shower for 2 hours to help essential oils keep working.

Please read, confirm and sign

- ☒ I understand there are possible significant risks, complications and side-effects to any treatment I receive.
- ☒ I know that the therapist and I both have the right to refuse or stop any treatment at any time.
- ☒ I have the right to ask for further information or to refuse treatment of breast, buttock or groin areas.
- ☒ I agree to read the information brochure I will be given to take home at the end of my first treatment.

It may be necessary to discuss your condition and/or treatment with your doctor, physiotherapist or referring health care practitioner - you will be informed if this occurs.

Do you agree to such discussion to improve your health? ☒ Yes ☐ No

Client Signature *Christine M. Jervis*

Client Name *CHRISTINE JERVIS*

Date *6.6.18*

Mrs Christine Jervis

DOB

10 Dec 1979

Occupation

Swim Teacher, Massage Therapist - Business Owner

Appointments

Date	Time	Type	Practitioner
10 Mar 2022	11:15AM – 11:45AM	Gift Certificate - Book your Sauna	Christine Jervis
5 Mar 2022	2:00PM – 3:00PM	Sauna & Massage	Christine Jervis
5 Mar 2022	12:45PM – 1:45PM	60 minute Massage	Christine Jervis
5 Mar 2022	11:30AM – 12:30PM	1. NEW CLIENT (First Massage)	Christine Jervis
3 Mar 2022	11:15AM – 11:55AM	Gift Certificate - Book your Sauna	Christine Jervis
3 Mar 2022	9:45AM – 10:25AM	Gift Certificate - Book your Sauna	Christine Jervis
2 Mar 2022	2:15PM – 3:15PM	1. NEW CLIENT - First Massage	Christine Jervis
2 Mar 2022	8:30AM – 9:00AM	Gift Certificate - Book your Sauna	Christine Jervis
3 Feb 2022	4:30PM – 5:30PM	60 minute Massage	Christine Jervis
27 Jan 2022	4:15PM – 5:15PM	60 minute Massage	Christine Jervis
18 Jan 2022	4:15PM – 5:15PM	60 minute Massage	Christine Jervis
19 Mar 2021	9:00AM – 9:30AM	Sauna & Massage	Christine Jervis
7 Mar 2021	9:00AM – 10:00AM	First Sauna & Massage COMBINED Consult	Christine Jervis
6 Mar 2021	9:00AM – 10:00AM	Package - CORPORATE Prepaid Massage	Christine Jervis
31 Oct 2020	7:00AM – 8:00AM	60 minute Massage	Christine Jervis
2 Sep 2019	9:30AM – 10:30AM	60 minute Massage	Marina Franke
29 Jul 2019	11:00AM – 12:00PM	60 minute Massage	Marina Franke
1 Jul 2019	11:00AM – 12:00PM	60 minute Massage	Marina Franke
1 May 2019	9:30AM – 10:30AM	60 minute Massage	Marina Franke

Date	Time	Type	Practitioner
3 Apr 2019	4:00PM – 5:00PM	60 minute Massage	Marina Franke
3 Apr 2019	2:00PM – 2:30PM	Sauna & Massage	Marina Franke
11 Mar 2019	5:30PM – 6:30PM	60 minute Massage	Marina Franke
6 Mar 2019	2:30PM – 3:30PM	60 minute Massage	Marina Franke
25 Feb 2019	9:30AM – 10:30AM	60 minute Massage	Marina Franke
4 Feb 2019	4:30PM – 5:30PM	60 minute Massage	Marina Franke
17 Dec 2018	10:00AM – 11:00AM	60 minute Massage	Marina Franke
3 Dec 2018	1:30PM – 2:30PM	60 minute Massage	Marina Franke
16 Nov 2018	9:30AM – 10:30AM	60 minute Massage	Marina Franke
5 Nov 2018	11:30AM – 12:30PM	60 minute Massage	Marina Franke
16 Jul 2018	11:30AM – 12:30PM	60 minute Massage	Marina Franke
9 Jul 2018	11:30AM – 12:30PM	60 minute Massage	Marina Franke
20 Jun 2018	2:30PM – 3:30PM	60 minute Massage	Marina Franke
6 Jun 2018	4:00PM – 5:00PM	60 minute Massage	Marina Franke

Treatment Notes

Standard Consultation - Remedial Massage	
<p>Practitioner: Marina Franke Appointment: 29 Jul 2019, 11:00AM Created: 29 Jul 2019, 11:51AM Last updated: 29 Jul 2019, 11:53AM</p>	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now -neck mostly, and shoulders, lower back also from a sick day in bed Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-	
Medication or relevant procedures / info identified that may affect the massage.	Allergies; Injury
Details of Medications / Red Flags etc (i.e. conditions listed above)-	Past low back injury (25 yrs old-herniated disc)
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - instrumental Aromatherapy -pep euc/rosemary
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 1 Jul 2019, 11:00AM
Created: 1 Jul 2019, 11:49AM
Last updated: 1 Jul 2019, 11:50AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck mostly, and shoulders
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e.

conditions listed above)-	
Medication or relevant procedures / info identified that may affect the massage.	Allergies; Injury
Details of Medications / Red Flags etc (i.e. conditions listed above)-	Past low back injury
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - Tribal mix Aromatherapy -tangerine
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 1 May 2019, 9:30AM
Created: 1 May 2019, 12:16PM
Last updated: 1 May 2019, 12:17PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage.	Allergies; Injury
Details of Medications / Red Flags etc (i.e. conditions listed above)-	Past low back injury
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - Tribal mix Aromatherapy -rosemary/pep euc
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 3 Apr 2019, 4:00PM
Created: 3 Apr 2019, 4:04PM
Last updated: 3 Apr 2019, 5:03PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders, lower back from sitting
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage.	Allergies; Injury
Details of Medications / Red Flags etc (i.e. conditions listed above)-	Past low back injury
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - Sacred Earth mix Aromatherapy - mand/tang
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 11 Mar 2019, 5:30PM
Created: 11 Mar 2019, 5:22PM
Last updated: 11 Mar 2019, 6:33PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders, lower back from sitting
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage. Allergies; Injury

Details of Medications / Red Flags etc (i.e. conditions listed above)-	Past low back injury
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - Kenny G Aromatherapy - rosemary/pep euc
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 6 Mar 2019, 2:30PM
Created: 6 Mar 2019, 3:28PM
Last updated: 6 Mar 2019, 3:29PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders-short massage =time
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage. Allergies; Injury

Details of Medications / Red Flags etc (i.e. Past low back injury

conditions listed above)-	
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - nora J Aromatherapy - rosemary/pep uec
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 25 Feb 2019, 9:30AM
Created: 25 Feb 2019, 9:28AM
Last updated: 25 Feb 2019, 10:38AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders-short massage =time
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage. Allergies; Injury

Details of Medications / Red Flags etc (i.e. conditions listed above)- Past low back injury

Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - natural Aromatherapy - Tangerine
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 4 Feb 2019, 4:30PM
Created: 4 Feb 2019, 5:34PM
Last updated: 4 Feb 2019, 5:52PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)	What's going on now -neck and shoulders Feedback from previous treatment - :)
---	--

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage.	Allergies; Injury
---	-------------------

Details of Medications / Red Flags etc (i.e. conditions listed above)-	low back injury
---	-----------------

Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM -
---	-----------------------------------

	Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - instrumental Ian CS Aromatherapy - Tangerine/mandarin
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 17 Dec 2018, 10:00AM
Created: 17 Dec 2018, 9:39AM
Last updated: 17 Dec 2018, 10:39AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage. Allergies; Injury

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Assessment / Testing done (including ROM) / Observations Verbal consent obtained.
 ROM -
 Anything noteworthy -

	Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - instrumental Aromatherapy - Tangerine
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 3 Dec 2018, 1:30PM
Created: 3 Dec 2018, 2:40PM
Last updated: 3 Dec 2018, 2:57PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage. Allergies; Injury

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Assessment / Testing done (including ROM) / Observations Verbal consent obtained.
 ROM -
 Anything noteworthy -
 Any precautions / Red Flags -

	Anything specific to massage - E.g. no foot massage
Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - relax Nora Aromatherapy - Tangerine
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 16 Nov 2018, 9:30AM
Created: 16 Nov 2018, 9:28AM
Last updated: 16 Nov 2018, 12:26PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)	What's going on now -neck and shoulders Feedback from previous treatment - :)
Details of Medications / Red Flags etc (i.e. conditions listed above)-	
Medication or relevant procedures / info identified that may affect the massage.	Allergies; Injury
Details of Medications / Red Flags etc (i.e. conditions listed above)-	
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage

Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - Instrumental Aromatherapy - mandarin
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 5 Nov 2018, 11:30AM
Created: 5 Nov 2018, 11:35AM
Last updated: 5 Nov 2018, 12:40PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)	What's going on now -neck and shoulders Feedback from previous treatment - :)
---	--

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage.	Allergies; Injury
---	-------------------

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - Anything noteworthy - Any precautions / Red Flags - Anything specific to massage - E.g. no foot massage
---	--

Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - Instrumental Aromatherapy - tangerine
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 16 Jul 2018, 11:30AM
Created: 18 Jul 2018, 12:28PM
Last updated: 23 Jul 2018, 1:09PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders
Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage. Allergies; Injury

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Assessment / Testing done (including ROM) / Observations Verbal consent obtained.
ROM -
Anything noteworthy -
Any precautions / Red Flags -

Anything specific to massage - E.g. no foot massage

Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - Ian CS Aromatherapy -mandarin
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine; Head / scalp; Face / sinuses
Where any specific trigger points used?	Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 9 Jul 2018, 11:30AM
Created: 9 Jul 2018, 12:37PM
Last updated: 9 Jul 2018, 12:40PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now -neck and shoulders
 Feedback from previous treatment - :)

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Medication or relevant procedures / info identified that may affect the massage. Allergies; Injury

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Assessment / Testing done (including ROM) / Observations Verbal consent obtained.
 ROM -
 Anything noteworthy -
 Any precautions / Red Flags -
 Anything specific to massage - E.g. no foot massage

Treatment details - what was done today to help the client	Pressure used -firm Hot Stones -4 Hot Wet Towels -2 Cupping area - Topical Treatment - Music - Paul M Aromatherapy -mandarin
What parts of the body were massaged?	Full Body Treatment; Neck / Shoulders; Arms - Prone; Legs - Prone; Legs - Supine
Where any specific trigger points used?	Upper Traps; Lev Scaps
Feedback after treatment -	:)
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 6 Jun 2018, 4:00PM
Created: 11 Jun 2018, 1:16PM
Last updated: 20 Jun 2018, 2:05PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now - reduce muscular tension & relax
 Feedback from previous treatment -

Medication or relevant procedures / info identified that may affect the massage. Allergies; Injury

Assessment / Testing done (including ROM) / Observations Verbal consent obtained.
 ROM -
 Anything noteworthy -
 Any precautions / Red Flags -

Treatment details - what was done today to help the client Pressure used -firm
 Hot Stones -4
 Hot Wet Towels -2
 Cupping area -
 Topical Treatment -
 Music -
 Aromatherapy -tangarine

What parts of the body were massaged? Full Body Treatment

Where any specific trigger points used?
Feedback after treatment -
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)
Infra-Red Sauna
Time in Sauna (minutes) -
Feedback after treatment -

Patient Forms

New Client Record - Women's Health	
Completed: 8 Jul 2023, 10:36AM	
About you...	
What's your health fund?	BUPA
Occupation - how long?	RMT
List your physical activities, hobbies, exercise or sport.	Walking
Do you sit/stand for long hours? (E.g. car/desk)	Yes
Medications - prescribed or natural	None
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	N/A
About Massage...	
How did you find out about our massage clinic?	<div><input type="checkbox"/> Google</div> <div><input type="checkbox"/> Facebook</div> <div><input type="checkbox"/> Instagram</div> <div><input type="checkbox"/> Phonebook</div> <div><input type="checkbox"/> Massage Association</div> <div><input type="checkbox"/> Health Professional (Doctor, Physio, Midwife)</div> <div><input type="checkbox"/> Referral - word of mouth</div> <div><input checked="" type="checkbox"/> Current/Previous customer</div>
Who referred you? We use a client reward system - May we thank them?	
Type of massage pressure you prefer?	<div><input type="checkbox"/> Gentle</div> <div><input checked="" type="checkbox"/> Firm</div> <div><input type="checkbox"/> Hard</div> <div><input type="checkbox"/> Very Hard</div> <div><input type="checkbox"/> Not sure? (We'll check at your massage)</div>
What are your goals or reasons for getting massage?	Feel good

Any areas you DON'T want massaged?

☐ Face☐ Head☐ Stomach☐ Back☐ Buttocks☐ Arms
☐ Legs☐ Feet☐ Ok with above areas being massaged
☒ Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y

Do you experience headaches?

☒ No☐ Mild☐ Severe☐ Persistent☐ Migraines

Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?

☒ No problems - everything is working well
☐ Discomfort with a whole mix of things happening☐ Abdominal pain
☐ Bloating☐ Constipation (going less than once per day)
☐ Hard bowel movements☐ Loose bowel movements☐ Diarrhoea
☐ Food allergies☐ Struggling most of the time
☐ Occasionally experience problems

Do you have any pain?

☒ No pain - nothing hurts☐ Morning soreness☐ Night time pain
☐ Varies - can be any time☐ All the time
☐ Hurts doing something specific. E.g. Bending over to touch toes.
☐ Tender to touch☐ Dull pain☐ Aching or throbbing☐ Sharp pain
☐ Stiffness☐ Muscle tightness☐ Restricted movement

If your body hurts, what relieves it?

☒ I have no pain to manage☐ Ice☐ Heat☐ Rest☐ Exercise
☐ Stretching☐ Medication☐ Topical Cream (E.g. Tiger Balm)

Some conditions affect massage. We want to safely treat you. Tick what applies to you -

☐ Allergies☐ Asthma☐ Sinus☐ Anxiety☐ Depression
☐ Trouble falling asleep☐ Trouble staying asleep through the night
☐ Arthritis☐ Osteoporosis☐ Spinal problems☐ Swelling
☐ Bruise Easily☐ Blood clotting problems☐ Cancer
☐ Diabetes Type 1☐ Diabetes Type 2☐ Dizziness☐ Numbness
☐ Tingling☐ Cold hands / Cold feet☐ Heart Problems
☐ Blood Pressure - high☐ Blood Pressure - low☐ Hearing problems
☐ Hearing aid☐ Vision problems☐ Contact Lenses
☒ None of the above apply to me

Any extra health details or info you'd like to share?

Women's Health Check...

We focus on specialist care for women of all ages. Digestive and fertility health are strongly linked. Massage also helps with improved sleep, mental health and stress management.

Any falls / injuries to your sacrum, tailbone, head, ankles or feet?

No

Have you had any surgery on your abdomen or lower back?

No

How well is your bladder working? Any infections, bladder weakness, difficulty experiencing orgasms, trouble when you sneeze or do you need to urinate frequently?

Good

Menstrual and Fertility Conditions - please

☐ Painful Periods☐ Irregular Periods

Focus On Movement | Created 20 May 2025, 10:57AM

18 of 25

tick what applies to you...

☐ Excessive Bleeding (>1pad/tampon per/hr)

☐ Fibroids

☐ Painful Ovulation

☐ Miscarriage (once)

☐ Recurrent miscarriage

☐ Currently doing Fertility Treatment. E.g. IVF.

☐ Trying to get pregnant now

☐ Postnatal Recovery

☐ PCO (Polycystic ovaries)

☐ PCOS (Polycystic Ovarian Syndrome)

☐ POF (Premature Ovarian Failure)

☐ Endometriosis

☐ Failure to Ovulate

☐ Low AMH

☐ Retroverted uterus

☐ Inverted uterus

☒ No problems that I know of

Symptoms experienced prior to and during menstruation

☐ I don't menstruate now

☐ Lower back ache

☐ Headaches

☐ Dizziness

☐ Dragging sensation

☐ Heaviness or pressure in lower pelvis

☐ Increased urination

☐ Constipation

☐ Diarrhoea

☐ Changes in my usual bowel movements

☐ Pain/numbness in right leg

☐ Pain/numbness in left leg

☐ Pain/numbness in both legs

☐ Cramps - lower abdomen

☐ Cramps - left side

☐ Cramps - right side

☐ Dark thick blood at beginning of menstruation

☐ Dark thick blood at the end of menstruation

☐ Blood clots

☒ None of the above happen during my period

Any female health details or info you'd like to share?

Pregnancy, Birth and Postnatal Recovery

Trauma is stored at a cellular level in the body. Some massage techniques affect your body's response, especially if you've experienced emotional events or trauma. Massage creates a safe, supportive treatment space for all women to be nurtured.

Tick what applies to your birth experiences -

☐ No birth history to report

☒ Vaginal Birth

☐ Water Birth

☐ Epidural / Pethidine

☐ Forceps / Ventouse

☐ C-section

☐ Termination

☐ Miscarriage

☐ Ectopic

How many pregnancies have you had?

1

How many babies have you birthed?

1

Have you had any birth interventions or complications?

How long were your birth hours for each delivery?

Any other info you would like to share?

Your consent...

Your confidential information helps our Massage Therapist plan the safest treatment. Be honest - tell us if the temperature is too hot/cold, pressure level needs adjusting or you're uncomfortable/unwell or unsure at any stage.

Every massage has potential risks, complications or side-effects. Such as causing muscular discomfort, fatigue, bruising, burns (from heat therapy), aggravating existing conditions, increasing blood pressure or skin sensitivity.

After massage, it's common to feel relaxed or sleepy. Get up slowly from the table - give yourself time to adjust afterwards. Delay your shower for 2 hours for essential oils to keep working. Keep well hydrated with water in the 24-48 hours after massage.

It's ok to discuss my treatment with my doctor, physio or referring health

☒ Yes - clients will be informed if this happens.

☐ No thanks.

practitioner.

My Massage Therapist and I both have the right to stop or refuse treatment at any time.

☒ Yes - I know I can ask questions at any time too.

I will keep my Massage Therapist updated on any changes to this information and my health.



Sauna Client Record

Completed: 2 Mar 2022, 6:28AM

About you...

Occupation - how long?

Massage Therapist

List your physical activities, hobbies, exercise or sport.

Nothing much at the moment

Do you sit/stand for long hours? (E.g. car/desk)

Sometimes

Medical History - medications (prescribed or natural), recent and past operations, illnesses, accidents, injuries or broken bones.

Nothing to report

About Treatment...

How did you find out about our business?

- ☐ Google ☐ Facebook ☐ Instagram ☐ Cliniko ☐ Expo
☐ Phonebook ☐ Massage Association
☐ Health Professional (Doctor, Physio, Midwife) ☐ Referral - word of mouth
☒ Current Customer

Do you have any pain?

- ☒ No pain - nothing hurts ☐ Morning soreness ☐ Night time pain
☐ Happens randomly - can be any time
☐ Pain doing something specific. E.g. Bending over to touch toes.
☐ All the time ☐ Tender to touch ☐ Dull pain ☐ Aching or throbbing
☐ Sharp pain ☐ Stiffness ☐ Muscle tightness ☐ Restricted movement

Sometimes we adjust Sauna settings (colour, temp etc) to help your health. Please tick what applies to you -

- ☐ Allergies ☐ Asthma ☐ Anxiety ☐ Depression
☐ Trouble sleeping or falling asleep ☐ Arthritis ☐ Osteoporosis

- ☐ Spinal problems ☐ Swelling ☐ Bruise Easily
☐ Blood clotting problems ☐ Cancer ☐ Diabetes Type 1
☐ Diabetes Type 2 ☐ Dizziness ☐ Numbness ☐ Tingling
☐ Cold hands / Cold feet ☐ Heart Problems ☐ Blood Pressure - high
☐ Blood Pressure - low ☐ Hearing problems ☐ Hearing Aid
☐ Vision problems ☐ Contact Lenses ☒ None of the above apply to me

Any extra health details or info you'd like to share?

Your consent...

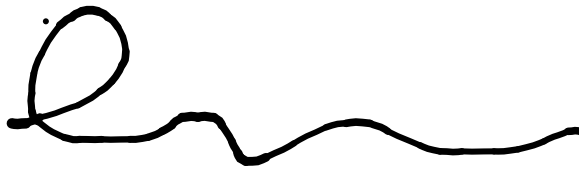
Your confidential information helps us plan the safest Sauna treatment for you. Be honest - ask questions, especially if you're uncomfortable/unwell or unsure at any stage.

Our Sauna Treatment Room Door is locked by clients (from the inside). For emergency use, we have key access to the room - we will always check if you don't respond or exit the Sauna Room at your expected finishing time.

Every Sauna has potential risks, complications or side-effects.

After treatment, it's common to feel relaxed or sleepy. Get up slowly. Keep well hydrated with water BEFORE and AFTER. Sometimes it feels good to eat a little healthy snack after your Sauna.

I will keep Focus On Movement updated on any changes to this information and my health.



Client Health Check

Practitioner: Christine Jervis
Appointment: 6 Mar 2021, 9:00AM
Completed: 5 Mar 2021, 3:52PM

Travel History

Have you been out of the country in the past 2 months? If so, where. No

Symptoms

Have you experienced any of the following symptoms in the past 2 weeks? ☐ Cough ☐ Fever ☐ Shortness of breath ☒ None of the above

How severe are your symptoms? ☐ Not severe ☐ Mildly severe ☐ Very severe
☒ I didn't have any symptoms

Have you been to a doctor's clinic or hospital in the last two weeks? ☐ Yes ☒ No

COVID-19

Have you been in contact with anyone known to have COVID-19 in the last two weeks? ☐ Yes ☒ No ☐ I don't know

Have you had to self-isolate any time within the last month due to COVID-19 symptoms? ☐ Yes ☒ No

New Client Record - Women's Health

Practitioner: Christine Jervis
Appointment: 6 Mar 2021, 9:00AM
Completed: 5 Mar 2021, 3:21PM

About you...

What's your health fund? BUPA

Occupation - how long? Massage Therapist

List your physical activities, hobbies, exercise or sport. Swimming

Do you sit/stand for long hours? (E.g. car/desk) Yes - computer

Medications - prescribed or natural None.

Medical History - recent and past operations, illnesses, accidents, injuries or broken bones. Broken collar bone

About Massage...

How did you find out about our massage clinic? ☐ Google ☐ Facebook ☐ Instagram ☐ Expo ☐ Phonebook
☐ Massage Association ☐ Health Professional (Doctor, Physio, Midwife)
☐ From our Swim School ☒ Referral - word of mouth

Who referred you? We use a client reward system - May we thank them? Christine referred - yes.

Type of massage pressure you prefer? ☒ Gentle ☐ Firm ☐ Hard ☐ Very Hard
☐ Not sure? (We'll check at your massage)

What are your goals or reasons for getting massage? Relaxation

Any areas you DON'T want massaged? ☐ Face ☐ Head ☐ Stomach ☐ Back ☐ Buttocks ☐ Arms

	<input type="checkbox"/> Legs <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Ok with above areas being massaged <input type="checkbox"/> Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y
Do you experience headaches?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Persistent <input type="checkbox"/> Migraines
Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?	<input checked="" type="checkbox"/> No problems - everything is working well <input type="checkbox"/> Discomfort with a whole mix of things happening <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation (going less than once per day) <input type="checkbox"/> Hard bowel movements <input type="checkbox"/> Loose bowel movements <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Food allergies <input type="checkbox"/> Struggling most of the time <input type="checkbox"/> Occasionally experience problems
Do you have any pain?	<input checked="" type="checkbox"/> No pain - nothing hurts <input type="checkbox"/> Morning soreness <input type="checkbox"/> Night time pain <input type="checkbox"/> Varies - can be any time <input type="checkbox"/> All the time <input type="checkbox"/> Hurts doing something specific. E.g. Bending over to touch toes. <input type="checkbox"/> Tender to touch <input type="checkbox"/> Dull pain <input type="checkbox"/> Aching or throbbing <input type="checkbox"/> Sharp pain <input type="checkbox"/> Stiffness <input type="checkbox"/> Muscle tightness <input type="checkbox"/> Restricted movement
If your body hurts, what relieves it?	<input checked="" type="checkbox"/> I have no pain to manage <input type="checkbox"/> Ice <input type="checkbox"/> Heat <input type="checkbox"/> Rest <input type="checkbox"/> Exercise <input type="checkbox"/> Stretching <input type="checkbox"/> Medication <input type="checkbox"/> Topical Cream (E.g. Tiger Balm)
Some conditions affect massage. We want to safely treat you. Tick what applies to you -	<input checked="" type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Sinus <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input checked="" type="checkbox"/> Trouble falling asleep <input type="checkbox"/> Trouble staying asleep through the night <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Spinal problems <input type="checkbox"/> Swelling <input type="checkbox"/> Bruise Easily <input type="checkbox"/> Blood clotting problems <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/> Dizziness <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Cold hands / Cold feet <input type="checkbox"/> Heart Problems <input type="checkbox"/> Blood Pressure - high <input type="checkbox"/> Blood Pressure - low <input type="checkbox"/> Hearing problems <input type="checkbox"/> Hearing aid <input checked="" type="checkbox"/> Vision problems <input type="checkbox"/> Contact Lenses <input type="checkbox"/> None of the above apply to me
Any extra health details or info you'd like to share?	No. Glasses.
<h2>Women's Health Check...</h2> <p>We focus on specialist care for women of all ages. Digestive and fertility health are strongly linked. Massage also helps with improved sleep, mental health and stress management.</p>	
Any falls / injuries to your sacrum, tailbone, head, ankles or feet?	No.
Have you had any surgery on your abdomen or lower back?	No.
How well is your bladder working? Any infections, bladder weakness, difficulty experiencing orgasms, trouble when you sneeze or do you need to urinate frequently?	Good.
Menstrual and Fertility Conditions - please tick what applies to you...	<input type="checkbox"/> Painful Periods <input type="checkbox"/> Irregular Periods <input type="checkbox"/> Excessive Bleeding (>1pad/tampon per/hr) <input type="checkbox"/> Fibroids <input type="checkbox"/> Painful Ovulation <input type="checkbox"/> Miscarriage (once) <input type="checkbox"/> Recurrent miscarriage

- ☐ Currently doing Fertility Treatment. E.g. IVF.
- ☐ Trying to get pregnant now
- ☐ Postnatal Recovery
- ☐ PCO (Polycystic ovaries)
- ☐ PCOS (Polycystic Ovarian Syndrome)
- ☐ POF (Premature Ovarian Failure)
- ☐ Endometriosis
- ☐ Failure to Ovulate
- ☐ Low AMH
- ☐ Retroverted uterus
- ☐ Inverted uterus
- ☒ No problems that I know of

Symptoms experienced prior to and during menstruation

☐ I don't menstruate now

☐ Lower back ache

☐ Headaches

☐ Dizziness

☐ Dragging sensation

☐ Heaviness or pressure in lower pelvis

☐ Increased urination

☐ Constipation

☐ Diarrhoea

☐ Changes in my usual bowel movements

☐ Pain/numbness in right leg

☐ Pain/numbness in left leg

☐ Pain/numbness in both legs

☐ Cramps - lower abdomen

☐ Cramps - left side

☐ Cramps - right side

☐ Dark thick blood at beginning of menstruation

☐ Dark thick blood at the end of menstruation

☐ Blood clots

☒ None of the above happen during my period

Any female health details or info you'd like to share?

Pregnancy, Birth and Postnatal Recovery

Trauma is stored at a cellular level in the body. Some massage techniques affect your body's response, especially if you've experienced emotional events or trauma. Massage creates a safe, supportive treatment space for all women to be nurtured.

Tick what applies to your birth experiences -

☐ No birth history to report

☒ Vaginal Birth

☐ Water Birth

☐ Epidural / Pethidine

☐ Forceps / Ventouse

☐ C-section

☐ Termination

☐ Miscarriage

☐ Ectopic

How many pregnancies have you had?

1

How many babies have you birthed?

1

Have you had any birth interventions or complications?

Placenta broke and needed surgery to remove it immediately after birth.

How long were your birth hours for each delivery?

1 day

Any other info you would like to share?

Natural Birth.

Your consent...

Your confidential information helps our Massage Therapist plan the safest treatment. Be honest - tell us if the temperature is too hot/cold, pressure level needs adjusting or you're uncomfortable/unwell or unsure at any stage.

Every massage has potential risks, complications or side-effects. Such as causing muscular discomfort, fatigue, bruising, burns (from heat therapy), aggravating existing conditions, increasing blood pressure or skin sensitivity.

After massage, it's common to feel relaxed or sleepy. Get up slowly from the table - give yourself time to adjust afterwards. Delay your shower for 2 hours for essential oils to keep working. Keep well hydrated with water in the 24-48 hours after massage.

It's ok to discuss my treatment with my doctor, physio or referring health practitioner.

☒ Yes - clients will be informed if this happens.


☐ No thanks.

Focus On Movement | Created 20 May 2025, 10:57AM

24 of 25

My Massage Therapist and I both have the right to stop or refuse treatment at any time. ☒ Yes - I know I can ask questions at any time too.

I will keep my Massage Therapist updated on any changes to this information and my health.

A handwritten signature in black ink, appearing to be 'E. Jervis', written in a cursive style.