

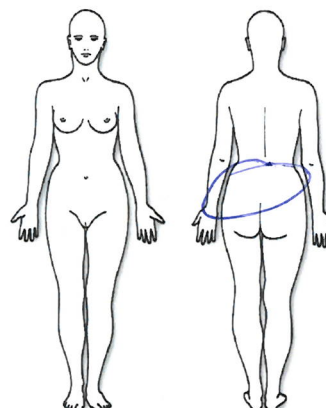


Personal Information – your honest info helps plan the best treatment for you.			
Full Name <i>Amanda Jayne Riley</i>		Date of Birth <i>22.9.1993</i>	
Postal Address <i>PO Box 89 Gordonvale 4865</i>			
Home Phone	Work Phone	Mobile <i>0401 484 146</i>	
Email Address <i>Amanda.j.riley93@hotmail.com</i>			
Emergency Contact Details – Name and Number <i>Phil Irvin – 0402 065603</i>			
Occupation – how long?	Current Doctor	Health Fund	
Who referred you? <i>Facebook comp</i>		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) Text Message Home Telephone Work Telephone Email <u>Facebook Message</u>			
Physical activities / hobbies / exercise. Do you sit or stand for long hours? (E.g. computer/driving) <i>Stand most of the day, weekly workout</i>			
Medications – prescribed or natural:			
Medical History (Operations / Illnesses / Accidents / Injuries)			
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: Gentle <u>Firm</u> Hard Very Hard			

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

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

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



**Any extra health details:**

*Pregnancy related*

**Pregnancy and birth history** - please enter info (or tick) for what applies to you.

How many pregnancies have you had? **NO · FIRST**

Number of deliveries? **0** How long were your birth hours for each delivery?

How would you describe your experiences or feelings about your:

-  Pregnancy **Tired and**
-  Labour/delivery
-  Post-partum recovery

Did you have any interventions / complications?

**Please tick what applies to your experiences:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Natural Birth        | <input type="checkbox"/> C-section   |
| <input type="checkbox"/> Water Birth          | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Epidural / Pethidine | <input type="checkbox"/> Miscarriage |
| <input type="checkbox"/> Forceps / Ventouse   | <input type="checkbox"/> Ectopic     |

**Your current Pregnancy**

Number of weeks pregnant now **9** Approximate due date **5.1.20**

Have you noticed any swelling? ☐ ANKLES/FEET ☐ LEGS ☐ ARMS/HANDS ☐ FACE

Have you had any heavy bleeding, cramps or abdominal pain? **Cramps.**

Is there any tenderness or unusual heat in your legs now? **No.**

Do you have Varicose veins or Spider veins? ☒ No ☐ Yes - Where?

Have you noticed any Stretchmarks? ☐ No ☒ Yes - Where? **Boobs.**

**Menstrual and Fertility Conditions** – tick 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 -                                  |   |

**Symptoms usually experienced prior to and during menstruation**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Lower back ache            | <input 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 type="checkbox"/> Cramps <input type="checkbox"/> left side <input type="checkbox"/> right side <input type="checkbox"/> lower abdomen |
| <input type="checkbox"/> Dragging sensation                    | <input 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 type="checkbox"/> Blood clots  |
| <input type="checkbox"/> Anything else you notice -            |   |



### Reasons for your visit

Do you have any particular goals for your massage treatments?

Relax.

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

### Final important personal questions...

Have you informed your doctor/health care practitioner about starting massage treatment? Yes ☒ No

Have you undergone fertility treatment or taken a long time to get pregnant? No.

Do have any digestive complaints? E.g. Constipation (going <1 per day), diarrhoea, hard or loose bowel movements, abdominal pain, bloating or discomfort. No.

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? No.

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

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

appendix 2013

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.

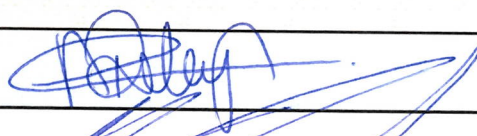
Do you fall asleep easily and how well are you sleeping through the night?

Yes, sleep well.

### Please read, confirm and sign

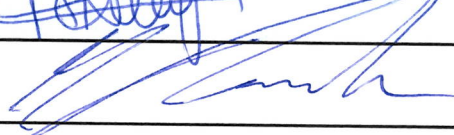
- ☒ I understand massage treatment is not a replacement for medical care.
- ☒ Massage therapists do not diagnose illness/disease or perform thrust manipulations.
- ☒ I will keep my massage therapist updated on any changes to this information and my health.

Client Signature



Date 3.6.19

Therapist Signature



Date 3/6/19

**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**

**Client Name**

**Date**

*Amanda Riley*  
*Amanda Riley*

*3.6.19*

Amanda Riley

DOB 22 Sep 1993

Appointments

Date	Time	Type	Practitioner
8 Feb 2025	9:30AM – 10:30AM	60 minute Massage	Christine Jervis
16 Jan 2025	4:00PM – 5:00PM	Pregnancy Massage	Christine Jervis
15 Dec 2024	4:30PM – 5:30PM	60 minute Massage	Christine Jervis
16 Nov 2024	3:00PM – 4:00PM	60 minute Massage	Christine Jervis
10 Oct 2024	4:30PM – 5:30PM	60 minute Massage	Christine Jervis
1 May 2021	9:00AM – 10:00AM	Gift Certificate - Book your Massage	Christine Jervis
8 Jan 2020	4:00PM – 5:00PM	Pregnancy Massage	Christine Jervis
25 Oct 2019	3:00PM – 4:00PM	Pregnancy Massage	Marina Franke
3 Jun 2019	5:15PM – 6:30PM	1. NEW CLIENT - First Massage	Marina Franke

Treatment Notes

Standard Consultation - Remedial Massage	
<p><b>Practitioner:</b> Christine Jervis</p> <p><b>Appointment:</b> 8 Feb 2025, 9:30AM</p> <p><b>Created:</b> 8 Feb 2025, 9:35AM</p> <p><b>Last updated:</b> 8 Feb 2025, 1:04PM</p>	
<p><b>Standard Consultation - Remedial Massage</b></p> <p><b>Presenting complaint (relevant medical history or client info)</b></p> <p>What's going on now - feeling tightness in her body especially stressed from GD and baby is looking small so coming a week earlier in 2 weeks.</p> <p>Feedback from previous treatment - been looking forward to this massage,</p>	
<b>Medication or relevant procedures / info identified that may affect the massage.</b>	Red Flags
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	Gestational diabetes



<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - checked. Restricted esp flexion hurting Anything noteworthy -no Anything specific to massage (E.g. no foot massage) -no
<b>Treatment details - what was done today to help the client</b>	Pressure used - 2 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - Upper Body And lower Music - Ian Cam Smith Aromatherapy Massage oil - Mand/Tang Spritzer - rose  FB with remedial massage used to help body balance. Tight ITBS/QIs and rhombs too.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt good after massage
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed future treatment - 1 more session in if possible
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

### Standard Consultation - Pregnancy Massage

**Practitioner:** Christine Jervis  
**Appointment:** 16 Jan 2025, 4:00PM  
**Created:** 16 Jan 2025, 3:56PM  
**Last updated:** 16 Jan 2025, 5:08PM

### Standard Consultation - Pregnancy Massage Appointment

**Presenting complaint (relevant medical history or client info)** What's going on now - sore lower back. Ready for baby to come bit lower back been hurting after about 1.5 weeks of massage

**Medication or relevant procedures / info identified that may affect the massage.**

Details of Medications / Red Flags etc (i.e. conditions listed above)-	
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - not checked today. Identify any precautions (Red Flags) - yes, as monitored by health care professionals, has informed them about massage Anything noteworthy - gentle pressure  Anything specific to massage - no.
Treatment details - what was done today to help the client	Pressure used - firm Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Arms & Hands Hot Pack - Hips Topical Treatment - No. Music - Ian Cam and Ken Davis Aromatherapy Massage oil -Preg. Mand/Tang Spritzer - Rose  Downward strokes and pressure. Sacral work. Remedial Massage techniques on hips/shoulders. RI hips.
What parts of the body were massaged?	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - side-lying; Feet; Pregnancy Treatment - side-lying massage including legs, hips, back, shoulders, neck and arms
Where any specific trigger points used?	Rhomboids; Upper Traps; QLs; ITBs; Glutes
Pregnancy Techniques Used	Reciprocal inhibition (RI)
Body Chart	
Feedback after treatment -	Felt very relaxed and moving better.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed getting more regular treatment
Pregnancy Care	
Resources shared with client	

Standard Consultation - Remedial Massage
Practitioner: Christine Jervis Appointment: 15 Dec 2024, 4:30PM

Created: 15 Dec 2024, 5:36PM

Last updated: 16 Dec 2024, 8:06AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - feeling tightness in her body especially stressed from GD and baby is looking small.  
Feedback from previous treatment - been looking forward to this massage, felt good again for a few weeks and sore again now. 29 and a half weeks now

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

Red Flags

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

Gestational diabetes

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.  
ROM - checked. Restricted esp flexion hurting  
Anything noteworthy -no  
Anything specific to massage (E.g. no foot massage) -no

Treatment details - what was done today to help the client

Pressure used - 2  
Hot Stones - 2 x Hips and 2 x Back/Shoulders  
Hot Wet Towels - Feet / Face  
Hot Pack - Upper Body And lower  
Music - Ian Cam Smith and Ken Davis  
Aromatherapy Massage oil - Mand/Tang  
Spritzer - rose  
  
FB with remedial massage used to help body balance. Tight ITBS/QIs and rhombs too.

What parts of the body were massaged?

Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?

Body Chart

Feedback after treatment -

Felt good after massage. feels so much better fit 1-2 weeks afterward

Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)

Discussed future treatment

Infra-Red Sauna (if applicable - info is below)

Time in Sauna (minutes) -

Focus On Movement | Created 11 Aug 2025, 7:08PM

4 of 11



Feedback after treatment -

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 16 Nov 2024, 3:00PM

Created: 16 Nov 2024, 4:42PM

Last updated: 16 Nov 2024, 4:45PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - feeling tightness in her lower back especially still sore.  
Feedback from previous treatment - been looking forward to this massage, felt good for a few weeks and sore again now. 25 weeks now

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

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

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.  
ROM - checked. Restricted esp flexion hurting  
Anything noteworthy -no  
Anything specific to massage (E.g. no foot massage) -no

Treatment details - what was done today to help the client

Pressure used - 2  
Hot Stones - 2 x Hips and 2 x Back/Shoulders  
Hot Wet Towels - Feet / Face  
Hot Pack - Upper Body And lower  
Music - Ian Cam Smith and Ken Davis  
Aromatherapy Massage oil - Mand/Tang  
Spritzer - rose  
  
FB with remedial massage used to help body balance. Tight ITBS/QIs and rhombs too.

What parts of the body were massaged?

Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?

Body Chart

Feedback after treatment -

Felt good after massage. Client felt tension even in upper half with shoulders and neck

Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)

Disvussed getting some treatment in 3-4 weeks as 5 is a bit long in the summer pregnant.

<b>Infra-Red Sauna (if applicable - info is below)</b>
<b>Time in Sauna (minutes) -</b>
<b>Feedback after treatment -</b>

<b>Standard Consultation - Remedial Massage</b>	
<b>Practitioner:</b> Christine Jervis <b>Appointment:</b> 10 Oct 2024, 4:30PM <b>Created:</b> 10 Oct 2024, 5:30PM <b>Last updated:</b> 10 Oct 2024, 7:21PM	
<b>Standard Consultation - Remedial Massage</b>	
<b>Presenting complaint (relevant medical history or client info)</b>	What's going on now - feeling tightness in her lower back especially. Some sickness but ok now.  Feedback from previous treatment - been looking forward to this massage
<b>Medication or relevant procedures / info identified that may affect the massage.</b>	
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	
<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - checked. Restricted. Anything noteworthy -no Anything specific to massage (E.g. no foot massage) -no
<b>Treatment details - what was done today to help the client</b>	Pressure used - 2 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - Upper Body Topical Treatment - Fisiocrem hips Music - Ian Cam Smith Aromatherapy Massage oil - Mand/Tang Spritzer - none used.  FB with remedial massage used to help body balance. Tight ITBS/Qls and rhombs too.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	
<b>Body Chart</b>	

<b>Feedback after treatment -</b>	Felt good after massage.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Disussed getting some treatment in 3-4 weeks
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

### Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 1 May 2021, 9:00AM  
**Created:** 1 May 2021, 8:55AM  
**Last updated:** 1 May 2021, 1:42PM

### Standard Consultation - Remedial Massage

<b>Presenting complaint (relevant medical history or client info)</b>	What's going on now - feeling tightness in her lower back especially. Feedback from previous treatment - been about 4 months since last massage. 15 month old child.
<b>Medication or relevant procedures / info identified that may affect the massage.</b>	
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	
<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - checked. Restricted. Anything noteworthy -no Anything specific to massage (E.g. no foot massage) -no
<b>Treatment details - what was done today to help the client</b>	Pressure used - 2 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - Upper Body Topical Treatment - Fisiocrem hips Music - Yanni if there Aromatherapy Massage oil - Mand/Tang Spritzer - none used.  FB with remedial massage used to help body balance. Tight ITBS/QLs and rhombs too. Psoas was tight and tender.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; SITS; Deltoids; QLs; ITBs; TFLs; Glutes



<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt good after massage.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed squatting to open hips and help with body balance.
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

### Standard Consultation - Pregnancy Massage

**Practitioner:** Christine Jervis  
**Appointment:** 8 Jan 2020, 4:00PM  
**Created:** 8 Jan 2020, 3:49PM  
**Last updated:** 8 Jan 2020, 5:27PM

### Standard Consultation - Pregnancy Massage Appointment

**Presenting complaint (relevant medical history or client info)** What's going on now - sore lower back. Ready for baby to come.  
 Number of weeks' pregnant @ this visit - 40+3

**Medication or relevant procedures / info identified that may affect the massage.**

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

**Assessment / Testing done (including ROM) / Observations** Verbal consent obtained.  
 ROM - not checked today.  
 Identify any precautions (Red Flags) - No.  
 Anything noteworthy - no.

Anything specific to massage - no.

**Treatment details - what was done today to help the client** Pressure used - firm  
 Hot Stones - 2 x Hips and 2 x Back/Shoulders  
 Hot Wet Towels - Feet / Arms & Hands  
 Hot Pack - Hips  
 Topical Treatment - No.  
 Music - Ian Cam S  
 Aromatherapy Massage oil -Preg. Mand/Tang  
 Spritzer - Orange

Downward strokes and pressure. Sacral work. Remedial Massage techniques on hips/shoulders. RI hips.

**What parts of the body were massaged?** Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - side-lying; Feet; Pregnancy Treatment - side-lying massage including legs, hips, back, shoulders, neck

and arms	
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; QLs; ITBs; Glutes
<b>Pregnancy Techniques Used</b>	Reciprocal inhibition (RI)
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt very relaxed. Discussed postnatal massage.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed birth. Keen on Bub Rub.
<b>Pregnancy Care</b>	
<b>Resources shared with client</b>	

### Standard Consultation - Pregnancy Massage

**Practitioner:** Marina Franke  
**Appointment:** 25 Oct 2019, 3:00PM  
**Created:** 25 Oct 2019, 2:58PM  
**Last updated:** 28 Oct 2019, 3:00PM

### Standard Consultation - Pregnancy Massage Appointment

**Presenting complaint (relevant medical history or client info)** What's going on now -generally good, some lower back discomfort since being pregnant  
Number of weeks' pregnant @ this visit -30  
Feedback from last massage treatment - long time ago but felt better afterwards

**Medication or relevant procedures / info identified that may affect the massage.**

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

**Assessment / Testing done (including ROM) / Observations** Verbal consent obtained.  
ROM -  
Identify any precautions (Red Flags) -  
Anything noteworthy -  
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 -apricot with mand/tang

**What parts of the body were massaged?** Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck /

Shoulders; Arms - Prone; Arms - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses

**Where any specific trigger points used?** Glutes

### Body Chart

**Feedback after treatment -** working until 2 weeks before due date, will try to come again as feeling improvement

**Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)** monthly massage until last month, then weekly

## Pregnancy Care

### Resources shared with client

## Initial Consultation - Pregnancy Massage

**Practitioner:** Marina Franke

**Appointment:** 3 Jun 2019, 5:15PM

**Created:** 3 Jun 2019, 5:18PM

**Last updated:** 5 Jun 2019, 4:09PM

## Initial Consultation - Pregnancy Massage Appointment

**Presenting complaint (relevant medical history or client info)** What's going on now -some lower back pain, only since becoming pregnant  
Number of weeks' pregnant @ this visit -9  
Any previous treatment -

**Medication or relevant procedures / info identified that may affect the massage.**

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

**Assessment / Testing done (including ROM) / Observations** Verbal consent obtained.  
ROM -  
Anything specific to massage - E.g. no foot massage  
Anything noteworthy -  
Identify 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 -songs for guy mix  
Aromatherapy -mandarin and almond

**What parts of the body were massaged?** Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses

**Where any specific trigger points used?**



Body Chart	
Feedback after treatment -	enjoyed
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Pregnancy Care	
Pregnancy Oil Blend made for client	-mandarin and almond
Resources shared with client	bounty bag and bub rub n tub

Patient Forms

There are no patient forms for Amanda Riley.