Carlyn Bonetti

DOB 23 Mar 1985

Appointments

Date	Time	Туре	Practitioner
24 Jan 2025	4:20PM – 5:20PM	Gift Certificate - Book your Massage	Christine Jervis
27 Jan 2024	3:00PM – 4:00PM	HOLIDAY SPECIAL - February 2024 - Rebooking Clients	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage	Standard	Consultation	- Remedial	Massage
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Practitioner: Christine Jervis **Appointment:** 24 Jan 2025, 4:20PM **Created:** 24 Jan 2025, 5:24PM **Last updated:** 24 Jan 2025, 5:59PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now -feeling sore esp neck Tight and body sore all over from resuming

exercise after a 1 month break

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, bit restricted

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 - 2-3 firm

Music - Yanni Middle music

Aromatherapy Massage oil - Lavender Peppermint

Spritzer - Euc Tea Tree

Remedial techniques - Shoulders, neck and hips

Hot Pack Lower Body

Hot Stones 2 x Hips; 2 x Back/Shoulders; Cold stones on face

Hot Wet Towels	Feet; Face
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged? Supine; Feet; Head / scalp; Face / sinuses	Full Body Treatment; Stomach; Gluteals / Lower Back; Arms - Supine; Legs - Prone; Legs -
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; Pecs; Deltoids; SCMs; ITBs
Body Chart	
Feedback after treatment -	Felt really good after massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed getting regular treatment this year
Infra-Red Sauna (if applicable -	info is below)
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis Appointment: 27 Jan 2024, 3:00PM Created: 27 Jan 2024, 4:15PM Last updated: 27 Jan 2024, 9:13PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now -feeling sore esp neck Tight

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, bit restricted 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 - 2-3 firm

Music - Yanni Middle music

Aromatherapy Massage oil - Cream plus lavender

	Spritzer - no
	Remedial techniques -
Hot Pack	Lower Body
Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face
Hot Wet Towels	Feet; Face
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Full Body Treatment; Stomach
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; Pecs; Deltoids; SCMs; ITBs
Body Chart	
Feedback after treatment -	Felt really good
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed getting regular treatment and getting a sauna next time
Infra-Red Sauna (if applicable -	info is below)
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

There are no patient forms for Carlyn Bonetti.



 $\hfill \square$ Office - Please tick after updated information is electronically entered

Personal Information					
Full Name Carlyn Bo	netti		Occupation Teache	V	
Postal Address J 25 Diamond	Chart	100 +	Shevidan	Old	4868
Home Phone	Work Phone	VIDUNI	Mobile	Q IOI	(400
			0421	4766	30
Email Address Carlynbucha	n@hotmail	, com			
Please circle: what is the fastest / Text Message Home Tele				nfirming a n ebook Mess	
Emergency Contact Details: Name			Relationship to		artner).
Is it ok to email you massage tax i			cle if you use any of / Twitter / Instagram		
Anything new about your health /	medical history? (A	Allergies / in	juries / accidents / su	irgery / med	dications)
Client Signature	ml.		Date	4/04	(17

PO BOX 515

Client Record

e Phone wo	ork Mobile Mobile
il Address	Health Fund
rgency Contact Details – Name and Numb	er Steve Bonetti
ent Doctor Wendy Wall	Referred By
	1 Year
,	
	cidents/injuries)
	cidents/ injuries/
·	Some conditions require your massage treatment to be mo
Please circle areas of soreness or pain on the body chart below:	Please tick all conditions below that apply to you NOW. Write the letter P next to any past conditions.
	Allergies / Asthma
(= <u>f</u>)	 Any Contagious Disease / Skin Problem
	 Arthritis
(1-8-1)	Blood Pressure / Heart Problems
	Bruising
	Chronic Pain
	□ Cold / Flu
The tall how	Diabetes
\9.	Dizziness
10171	Fractured bones
(301)	- Headache
(iži)	 Numbness / Tingling
	Dungment of Brenchfooding
	Pregnant or Breastfeeding Present Illness / Supreme
Amount of Pain (1-10):	Recent Illness / Surgery
Amount of Pain (1-10): Type (sharp, dull, aching etc)	 Recent Illness / Surgery Spinal / Back Problems
Type (sharp, dull, aching etc)	 Recent Illness / Surgery Spinal / Back Problems Sprained/strained muscles
	 Recent Illness / Surgery Spinal / Back Problems

CLIENT AUTHORISATION

I understand that

- The information provided above is used to help determine an appropriate massage treatment for me.
- It is my (the client's) responsibility to notify the clinic if changes occur regarding any details listed above.
- Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulation.

Signature:	Cheel.	Date: 4/04/08
		// //





Informed Consent

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 for the purpose of improving your well being?

Yes 🗆 No

Every massage treatment has some potential risks; such as causing pain, bruising, infection, burns (from heat therapy), feeling sleepy, fainting, aggravating pre-existing conditions, or creating an aromatic response (irritating/photo-sensitising skin, causing blood thinning or euphoria or interacting with medications and homeopathic remedies).

To minimise possible risk, you must:

Be honest about the information you provide regarding your health.

(especially if you have heart/kidney/immune/health problems or are pregnant/breastfeeding)

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 at any stage in the 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 or using stairs. Keep well hydrated with water especially in the 24-48 hours after treatment.

Please tick the	boxes below to	confirm you	have read	and agree	with each	statement:
				The state of the s		

	I understand there are possible significant risks, complications and side-effects to any treatment I receive.
_/	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

I have the right to ask for further information or to refuse treatment of breast, buttock or groin areas.

I know that the therapist and I both have the right to refuse or stop any treatment at any time.

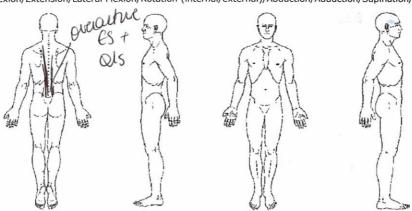
I agree to read and retain the information brochure I will be given to take home at the end of my first session

Your Name: Carlyn Bonetti Signature: bull Date: 04/04/08.

feetal postion

SOAP = SUBJECTIVE (clients states) OBJECTIVE (therapist observations, treatment) ANALYSIS (what worked, didn't) PLAN (plans for next session, advice, goals)
TOTAPS = TALK (history/area/symptoms) OBSERVE (signs) TOUCH (Palpate) ACTIVE Movement (Client's ROM) PASSIVE Movement SKILLS Test (client ca-ordination)
Head (chin/ears) Trunk (spine) Shoulder (height/pro-retract) Arms (elbows/forearms/wrist/fingers) Hips (tilt) Knees (level) Ankles (toes/in-evert).

Movement Check: Flexion/Extension/Lateral Flexion/Rotation (internal/external)/Abduction/Adduction/Pronation/Pronation/Eversion/Inversion

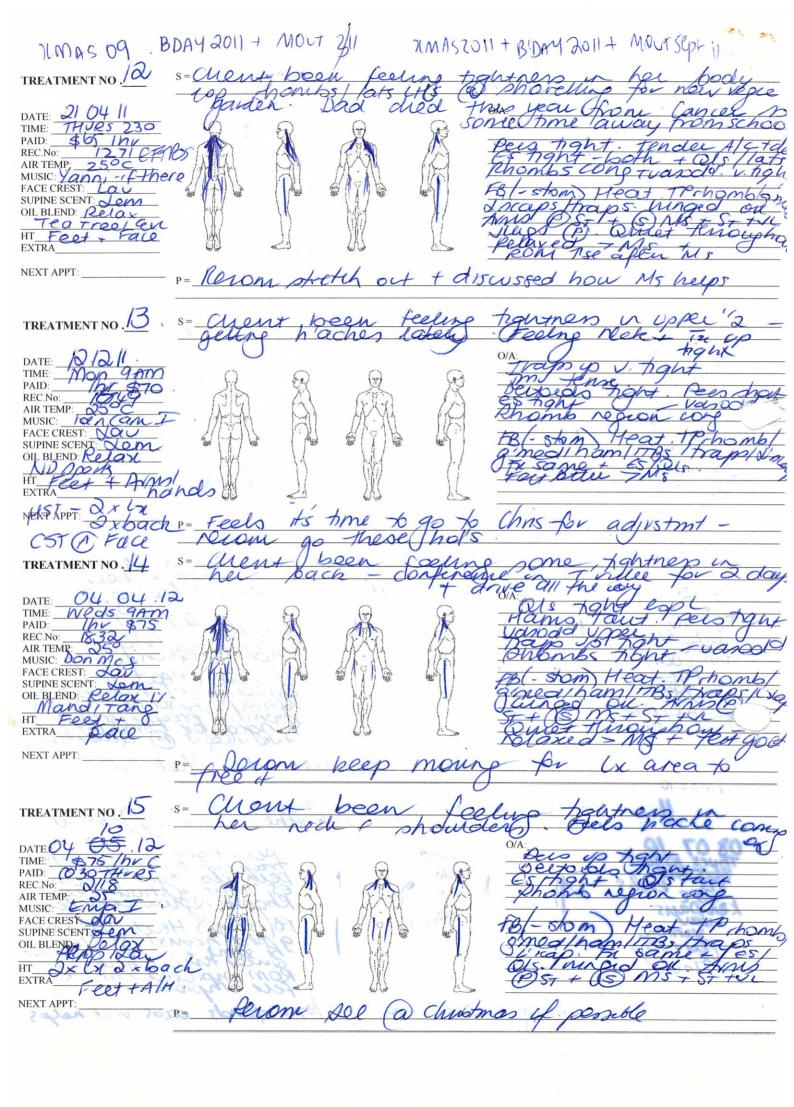


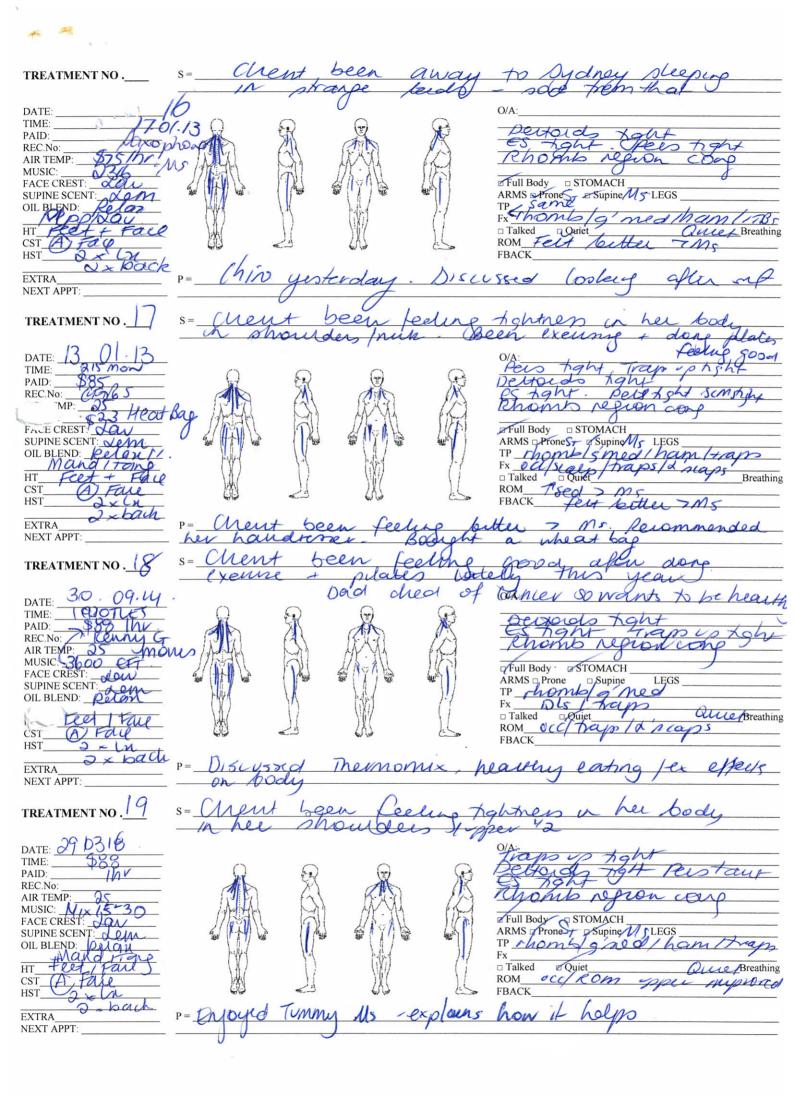
OBSERVATION/PALPATION/ASSESSMENT Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed: chiropractic when neck out" S= Cuent been feeling TREATMENT NO. cone DATE: 04 04 08 5pm FRI 1hr \$60 + \$10 IN IT AL PREFEY - GV 23°C ETMOS REC.No: ETMOS AIR TEMP MUSIC: Norah Jones I FACE CREST: Pepp ND: Relax 41 Rosewood NEXT APPT: gurn Medium pressure P= Recom client per stretch daily 3 of Ms in postere + body maintegance Tiz rib region - in in (R TREATMENT NO. \geqslant been feeling tight Tx Rack - 3mins she pert but pitts she is now sore Dertoids right ego R wapsupege Riats V. Short. LES larger \$60 PAID: REC.No: ____AIR TEMP: talet esp R MUSIC: lan Can FACE CREST: day OIL BLEND: Pain stom) Heat TP thomby g med I han BP/ging/Lau chent quet thoughous NEXT APPT: by still vimbalde posture. watch stretch lay stretch Chino check of spine this labor TREATMENT NO. 3 shouder neck Recent been DATE: 05 09.08 TIME: Ihv REC.No: AIR TEMP Janni - MIMOU MUSIC: 15 FR I OWN FACE CREST: OIL BLEND: Rela NEXT APPT h over toured to help to

0E 21.12.09

50me Detox organic body wash. s= Client been feeling tightness in neck + crinting + limited Rom saw child win form who x-rayed + TREATMENT NO. 16 B 844 c weekly in whil mainten (dentified recom scoliosis be achieved can DATE: pup shout + tight TIME: TUES Thi ps tight + short 560 CPNOS PAID: + V. cong + V. adlingary REC.No: AIR TEMP: 23°C
MUSIC: MUSIC: 1M14ag1
FACE CREST: 1000
OIL BLEND: Park romb region con ps/ traps/sinvs + be same solocular tunged on traps slocular tunged on traps + OM Oujet throughout OM > Ms + feet by amphoren Fic Eve/May / Tea Tree Over NEXT APPT: force knotted esp to phodder been feeling tight in neck showders tramess. P= Recon see Juie she wants). TREATMENT NO .5s= Chent improvent > last Ms ray pup fight + cong Detroids congit ght L'scaps tight ous tight personout. Uarodo DATE: 22 05 09
TIME: FRI 15 PM
PAID: INV \$100
REC.NO. FROM PAID: AIR TEMP: 230C
MUSIC: AMOUNT
FACE CREST: AU
OIL BLEND: FROM PAID: AND P LOVA Estight v.cong. Mostender Rhomb region cong + tight to (-stom) Heat The homologimed 1 Q1s/ L'scaps/traps. For same + occupit/scall TMJ /Alc. Winged scaps bed on. Arms @ Ms + Jo. Jillogo @ . Quiet Turoughout - body responded MIMILLON NEXT APPT: well rhombs some regular In . Reson Tennis P= Wands to 'open check chest Seeling of ms after few days s= Chent bee Tah TREATMENT NO. n nech - noticed this nder Protectight Coups right TIME: _ PAID: REC No: Vhaspk AIR TEMP: FACE CREST OIL BLEND: Paun pepp Banel Roxn NEXT APPT: Shelling of lie for been 2- gotopped TREATMENT NO. S= Went - magles punful about the Robiled Rom HINTOR sms nght showe DATE: 27.08.09 520 lhv TIME: __ PAID: REC.No: AIR TEMP: MUSIC: Indian Mix FACE CREST: Pepp OIL BLEND: Pour PEPPI ave I take feet Peppe Cream-tee mogles Sleeps fortal postion how offosition

TREATMENT NO .__ S= Ment iking red amow 3x3 per we i tense @ school, sold have - Relut TIME: PAID: AIR TEMP: MUSIC: 7 FACE CREST: SUPINE SCENT: Pepplaau Feet + face ROM about deligation wer to we to EXTRA perextennon nich NEXT APPT: P=Clent to put heat on shouldersprech s= Went been celino trantness shoulder/nech TREATMENT NO. pintender DATE: 04-11. 09 TIME: Treds IhV.
PAID: Upm \$60
REC.No: MP: QUAC ETHOS FACE CREST: Jay.
SUPINE SCENT: PROPOSITION OIL BLEND: PROPOSITION OF THE PROPOSITION OF T P= Resom see sule of par person por Stretch NEXT APPT: __ pain pensos BDAY 2010 Colina TREATMENT NO . (C) nech - moved 50ml Ms Oil Blend 16,12.09 DATE: 10 10 09
TIME: 1205 YPM
PAID: 965 INV
REC.NO: 405
AIR TEMP: 040C
MUSIC: 4001 - 1000
FACE CREST: 1000
SUPINE SCENT: 1000
OIL BLEND: Rect + 97ms/hand NEXT APPT: N1105110 P=_ Discissed sceene chino when she xmas 10 TREATMENT NO. 11 s= Cuent been some Indithes in shoulder neck region Impled ROM REC.No: 175
AIR TEMP: 23°C
MUSIC: Len Days FACE CREST: VOV SUPINE SCENT: VENO OIL BLEND: Feet + Face HT Poppilau NEXT APPT: _ 22/07 chin on occas visit helps 71 Mgs 2010

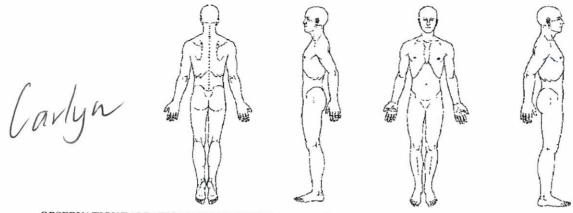




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TREATMENT NO.	S= Ne	S WS	seen	Jeelin	Stately Show andles
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TREATMENT NO					
DATE: TIME: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: OIL BLEND: HT CST HST EXTRA NEXT APPT:	P =				O/A:
TREATMENT NO	S =			3 -	
DATE: TIME: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: OIL BLEND: HT CST HST	P =				O/A:
TREATMENT NO	S =				· · · · · · · · · · · · · · · · · · ·
DATE:					O/A:

SOAP = SUBJECTIVE (clients states) OBJECTIVE (therapist observations, treatment) ANALYSIS (what worked, didn't) PLAN (plans for next session, advice, goals)
TOTAPS = TALK (history/area/symptoms) OBSERVE (signs) TOUCH (Palpate) ACTIVE Movement (Client's ROM) PASSIVE Movement SKILLS Test (client co-ordination) Head (chin/ears) Trunk (spine) Shoulder (height/pro-retract) Arms (elbows/forearms/wrist/fingers) Hips (tilt) Knees (level) Ankles (toes/in-evert).

Movement Check: Flexion/Extension/Lateral Flexion/Rotation (internal/external)/Abduction/Adduction/Supination/Pronation/Eversion/Inversion



 $\textbf{OBSERVATION/PALPATION/ASSESSMENT} \ \ \text{Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed:} \\$ DATE: TIME: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: 201 Full Body **■ STOMACH** SUPINE SCENT: Lem ARMS □ Prone Supine VIS LEGS OIL BLEND: Relone Manditano TP whombs Sme. □ Talked / Fall □ Quiet Wee Breathing Fall ROM TSed **EXTRA** NEXT APPT: TREATMENT NO. DATE: O/A: TIME: PAID: REC.No. AIR TEMP: MUSIC FACE CREST: □ Full Body □ STOMACH SUPINE SCENT ARMS □ Prone □ Supine **LEGS** OIL BLEND: TP Fx HT □ Talked □ Quiet Breathing CST ROM HST **FBACK EXTRA** NEXT APPT: TREATMENT NO. DATE: TIME: O/A: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: □ Full Body □ STOMACH OIL BLEND: ARMS □ Prone □ Supine **LEGS** TP HT Fx CST □ Talked □ Quiet Breathing

ROM **FBACK**

HST

EXTRA NEXT APPT:

CARLYN BON TREATMENT NO. 22 S=	Chent's but love	s body	y feelv	5 rout	ne tenderness with exeruse
TREATMENT NOOffice: □ Scanned & filed DATE:	Recom	chent	stretch	out x	O/A: Perselos tight few tout SS 794 . Hams (almo fender Phomb pegen on y Full Body STOMACH ARMS Prone T Supine MS LEGS TP hams (calves / traps /rhombs Fx achilles / Es / HFs Talked Quiet Breathin ROM 7500 (20) (aleps FBACK text lasser OWER harf to help tension

TREATMENT NO 🔎	s= 5Kii	mg 50	SONE L.	B, Mid a	v. back. 4	arms.	
DATE: 6/4/16 TIME: 2-15 PAID: \$\frac{1}{2}\text{8} \text{1.5} REC.NO: AIR TEMP: 2-3 MUSIC: AU FACE CREST: SUPINE SCENT: [Cardyn	B			O/A: Calves T P CPC. T. D-badk DFull Body STOM, ARMS Prone 18 u TP TRIBER SPIN Talked Douiet ROM FBACK	ACH	Breathin
EXTRANEXT APPT:	P= Firm	-> har	J	cypping	QQL, e.	rr spin e	v-book



A Gift of Massage

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To:	Carl	10	
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To the	Value of:	One hour Massag (Initial Consult)	& Date of Issue: 20: 03:08
		(Initial Consult)	

PHONE: 0439 775 003 CLINIC: 51 Lyndel Drive Woree 4868 POST: PO Box 106 Westcourt 4870 EMAIL: cjervis@focusonmassage.com.au WEB: www.focusonmassage.com.au