

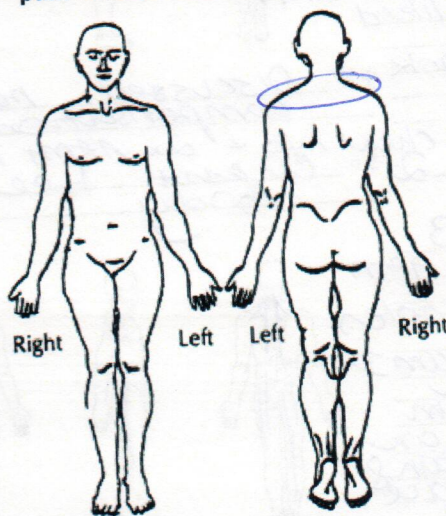
Full Name Claire Campbell Date of Birth 25/05/90  
 Postal Address 27 Goldlian St Bayview  
 Home Phone 40336096 Work \_\_\_\_\_ Mobile 0420431461  
 Email Address clairecampbell25@yahoo.com.au Health Fund TUM  
 Emergency Contact Details - Name and Number Paul C. 0417744387  
 Current Doctor \_\_\_\_\_ Referred By \_\_\_\_\_  
 Occupation and how long student  
 Physical Activities/Hobbies/Exercise gym 3x wk.  
 Medical History (operations/illnesses/accidents/injuries) \_\_\_\_\_  
 Medications - Prescribed or Natural: \_\_\_\_\_

Some conditions require your massage to be modified.  
Please tick all conditions below that apply to you NOW.

- ☐ Allergies / Asthma
- ☐ Any Contagious Disease / Skin Problem
- ☐ Arthritis
- ☐ Blood Pressure / Heart Problems
- ☐ Bruise Easily / Blood clotting problems
- ☐ Cancer
- ☐ Chronic Pain
- ☐ Cold / Flu
- ☐ Constipation ☐ NOW ☐ SOMETIMES ☐ MOST OF THE TIME
- ☐ Diabetes ☐ TYPE 1 ☐ TYPE 2
- ☐ Dizziness
- ☐ Fractured bones
- ☐ Headache ☐ NOW ☐ SOMETIMES ☐ MOST OF THE TIME
- ☐ Numbness / Tingling
- ☐ Recent Illness / Surgery
- ☐ Spinal / Back Problems
- ☐ Sprained/strained muscles

Details \_\_\_\_\_

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



Amount of Pain (1-10): \_\_\_\_\_  
 Type (sharp, dull, aching etc) \_\_\_\_\_  
 When is the pain worst? standing!  
 What relieves the pain? \_\_\_\_\_

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 Firm Hard Very Hard

All the information a client provides helps determine an appropriate massage treatment.  
 Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulation.

CLIENTS - if you develop any further complications/symptoms/problems or your details change, **PLEASE ADVISE ASAP.**

Signature: C. Campbell Date: 10/11/11



**PLEASE READ THIS INFORMATION CAREFULLY**

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

**To minimise possible risk, you must:**

**Be honest** about the information you provide regarding your health: especially for heart/kidney/immune/health problems, if you're 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.

**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.



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**



**Please tick the boxes below - after you read and agree with each statement:**

- ☒ 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.



Your  
Signature:

C. Campbell

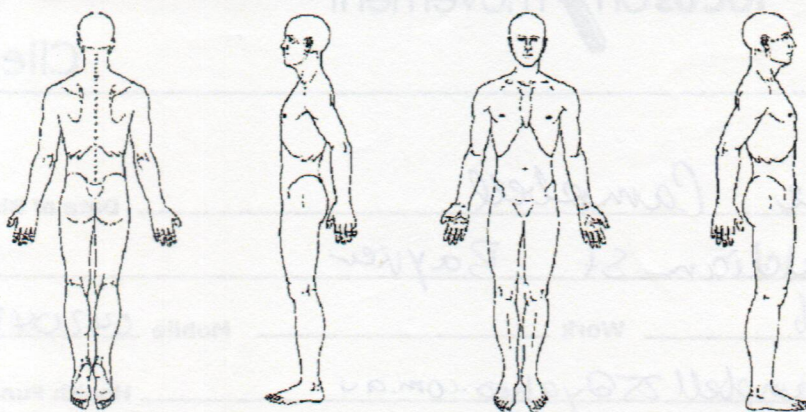
Your Name:

Claire Campbell

Date: 10/11/11



**SOAP = SUBJECTIVE** (clients states) **OBJECTIVE** (therapist observations, treatment) **ANALYSIS** (what worked, didn't) **PLAN** (plans for next session, advice, goals)  
**OTAPS = 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-vert).  
**Movement Check:** Flexion/Extension/Lateral Flexion/Rotation (internal/external)/Abduction/Adduction/Supination/Pronation/Eversion/Inversion

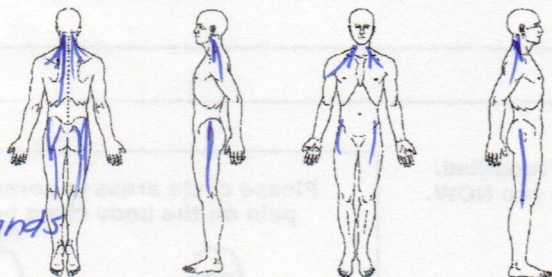


**OBSERVATION/PALPATION/ASSESSMENT** Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed:

Had 1 other Ms before @ chinese place

**TREATMENT NO. 1** S = Client, feeling tightness in her shoulders + neck from study. Back occas. gets twisted / sore

DATE: 10.11.11  
 TIME: THURS 9AM  
 PAID: \$80 INITIAL  
 REC.No: 158 Fx/bs  
 AIR TEMP: 25 / 24C  
 MUSIC: Norah J  
 FACE CREST: Jaw  
 SUPINE SCENT: Lem  
 OIL BLEND: Relax Pain  
 NO. APPTS: 2  
 HT: Feet + Arms/hands  
 CST: (A) Face - liked  
 HST: 2 x 1x

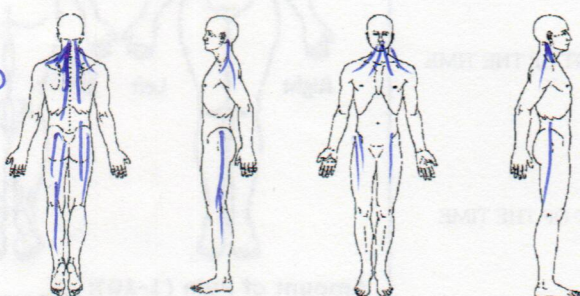


O/A: Traps tight  
 Deltoids tight Traps up tight  
 LS tight. BLS tight esp L  
 Rhombos long + vased  
 Long sinuses esp @ end  
☐ Full Body ☐ STOMACH Gentle Pressure  
 ARMS ☐ Prone ☐ Supine LEGS cringed with Tr  
 TP rhomb/med/traps/1/2 resp  
 Fx occ/scalp/trm  
☐ Talked ☐ Quiet Breathing  
 ROM 7se after Ms  
 FBACK Feet relaxed

EXTRA 2 x back P = Discussed how Ms helps with body balance & compensation  
 NEXT APPT: Remedial + client info + 2 x AAMI Brochures given

**TREATMENT NO. 2** S = Client been feeling tightness in her body

DATE: 09.07.13  
 TIME: THURS 9AM  
 PAID: \$75  
 REC.No: Refer notes  
 AIR TEMP: 25  
 MUSIC: Tan Cam I  
 FACE CREST: Jaw  
 SUPINE SCENT: Lem  
 OIL BLEND: Relax  
 Dand/Tan  
 HT: Feet + Face  
 CST: (A) Face  
 HST: 2 x 1x  
 2 x back

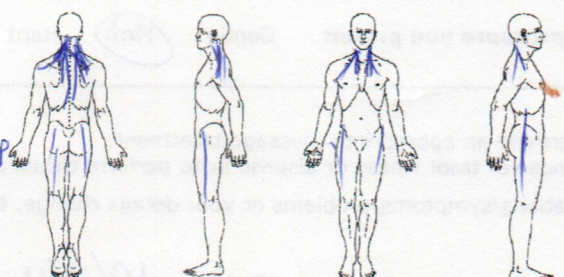


O/A: Pecs taut Traps tight  
 vased old  
 Rhomb/traps up tight  
☐ Full Body ☐ STOMACH  
 ARMS ☐ Prone ☐ Supine LEGS  
 TP rhomb/med/ham  
 Fx occ/scalp/trm  
☐ Talked ☐ Quiet Breathing  
 ROM 7se > Ms  
 FBACK Feet better > Ms

EXTRA P = Rejoin client get some neg Tx to help body balance  
 NEXT APPT:

**TREATMENT NO. 3** S = Client been feeling tightness in her body & shoulders after cells playing

DATE: 30.01.13  
 TIME: THURS 330  
 PAID: 1hr \$85  
 REC.No: 1  
 AIR TEMP: 25  
 MUSIC: Jaw Lem  
 FACE CREST: Relax  
 SUPINE SCENT: mand/tan  
 OIL BLEND: Jaw  
 Lem  
 HT: Feet/Face  
 CST: (A) Face  
 HST: 2 x 1x  
 2 x back



O/A: Traps up tight  
 Deltoids tight  
 LS tight Pecs tight  
 Rhomb region cong  
☐ Full Body ☐ STOMACH  
 ARMS ☐ Prone ☐ Supine LEGS  
 TP rhomb/med/ham/1/2 BS  
 Fx occ/scalp/trm/-  
☐ Talked ☐ Quiet Breathing  
 ROM 7se > Ms esp upper body  
 FBACK Feet better > Ms

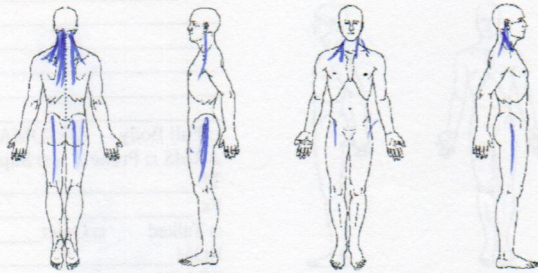
EXTRA P = Client been feeling better > Ms Discussed stretches for helping prevent PSI in arms/hands  
 NEXT APPT:



TREATMENT NO. 4

DATE: 12.06.14  
TIME: 1030  
PAID: \$88  
REC.No: \_\_\_\_\_  
AIR TEMP: 25°C  
MUSIC: Kenny G 1  
FACE CREST: don't  
SUPINE SCENT: don't  
OIL BLEND: belga  
HT Feet / Tail  
CST (A) Face  
HST 2x ln  
2x back  
EXTRA \_\_\_\_\_  
NEXT APPT: \_\_\_\_\_

S = Client been feeling tightness in her body  
lately in shoulders



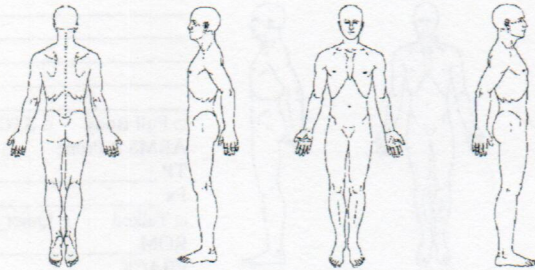
O/A: Traps up tight  
Pectorals tight  
ES tight Pers tight  
Rhomb region edge  
☒ Full Body ☐ STOMACH  
ARMS ☐ Prone ☐ Supine LEGS  
TP rhomb/g med, ITBs / traps  
Fx ocul traps / scaps  
☐ Talked ☒ Quiet Quiet Breathing  
ROM bed > ms  
FBACK felt better 7ms

P = Perom client stretch out after ms

TREATMENT NO. \_\_\_\_\_

S = \_\_\_\_\_

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
PAID: \_\_\_\_\_  
REC.No: \_\_\_\_\_  
AIR TEMP: \_\_\_\_\_  
MUSIC: \_\_\_\_\_  
FACE CREST: \_\_\_\_\_  
SUPINE SCENT: \_\_\_\_\_  
OIL BLEND: \_\_\_\_\_  
HT \_\_\_\_\_  
CST \_\_\_\_\_  
HST \_\_\_\_\_  
EXTRA \_\_\_\_\_  
NEXT APPT: \_\_\_\_\_



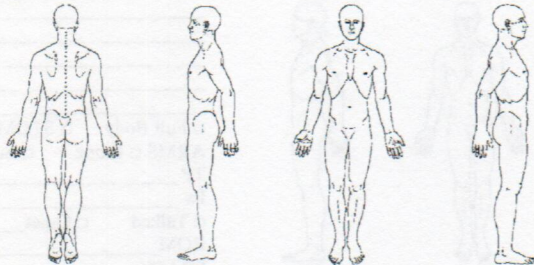
O/A: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Full Body ☐ STOMACH  
ARMS ☐ Prone ☐ Supine LEGS  
TP \_\_\_\_\_  
Fx \_\_\_\_\_  
☐ Talked ☐ Quiet \_\_\_\_\_ Breathing  
ROM \_\_\_\_\_  
FBACK \_\_\_\_\_

P = \_\_\_\_\_

TREATMENT NO. \_\_\_\_\_

S = \_\_\_\_\_

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
PAID: \_\_\_\_\_  
REC.No: \_\_\_\_\_  
AIR TEMP: \_\_\_\_\_  
MUSIC: \_\_\_\_\_  
FACE CREST: \_\_\_\_\_  
SUPINE SCENT: \_\_\_\_\_  
OIL BLEND: \_\_\_\_\_  
HT \_\_\_\_\_  
CST \_\_\_\_\_  
HST \_\_\_\_\_  
EXTRA \_\_\_\_\_  
NEXT APPT: \_\_\_\_\_



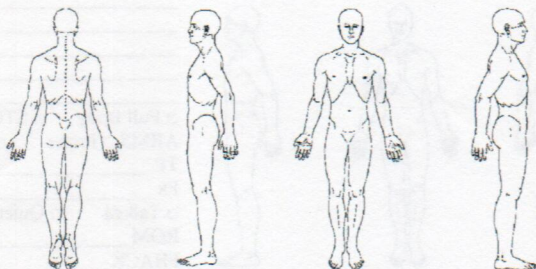
O/A: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Full Body ☐ STOMACH  
ARMS ☐ Prone ☐ Supine LEGS  
TP \_\_\_\_\_  
Fx \_\_\_\_\_  
☐ Talked ☐ Quiet \_\_\_\_\_ Breathing  
ROM \_\_\_\_\_  
FBACK \_\_\_\_\_

P = \_\_\_\_\_

TREATMENT NO. \_\_\_\_\_

S = \_\_\_\_\_

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
PAID: \_\_\_\_\_  
REC.No: \_\_\_\_\_  
AIR TEMP: \_\_\_\_\_  
MUSIC: \_\_\_\_\_  
FACE CREST: \_\_\_\_\_  
SUPINE SCENT: \_\_\_\_\_  
OIL BLEND: \_\_\_\_\_  
HT \_\_\_\_\_  
CST \_\_\_\_\_  
HST \_\_\_\_\_  
EXTRA \_\_\_\_\_  
NEXT APPT: \_\_\_\_\_



O/A: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Full Body ☐ STOMACH  
ARMS ☐ Prone ☐ Supine LEGS  
TP \_\_\_\_\_  
Fx \_\_\_\_\_  
☐ Talked ☐ Quiet \_\_\_\_\_ Breathing  
ROM \_\_\_\_\_  
FBACK \_\_\_\_\_

P = \_\_\_\_\_

Claire Campbell

DOB 25 May 1990  
Occupation Student

Appointments

Date	Time	Type	Practitioner
14 Jun 2025	9:30AM – 10:30AM	75 minute Remedial Massage	Christine Jervis
17 May 2025	11:00AM – 12:00PM	75 minute Remedial Massage	Christine Jervis
5 Sep 2024	9:30AM – 10:30AM	REBOOKING - 60 minute Massage	Christine Jervis
13 Aug 2024	11:00AM – 12:00PM	REBOOKING - 60 minute Massage	Christine Jervis
24 Jul 2024	11:00AM – 12:00PM	REBOOKING - 60 minute Massage	Christine Jervis
20 Jun 2024	3:00PM – 4:00PM	REBOOKING - 60 minute Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 14 Jun 2025, 9:30AM

Created: 14 Jun 2025, 9:29AM

Last updated: 14 Jun 2025, 12:21PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client feeling sore in body since starting exercise with exercise physiologist .

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 - not checked today.  
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  
Music - Kenny G



	Aromatherapy Massage oil -relax Spritzer - Joyful
	Remedial techniques - shoulders/back.
Hot Pack	Upper Body
Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face
Hot Wet Towels	Feet; Face
Topical Treatment	
What parts of the body were massaged?	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
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; Pecs; QLS
Body Chart	
Feedback after treatment -	Felt great after her massage.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Talked about new exercise starting
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 17 May 2025, 11:00AM Created: 17 May 2025, 10:53AM Last updated: 17 May 2025, 8:22PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client feeling sore in back this week, originally injured it in Covid doing online PT and it flares occasionally.
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 - not checked today. 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 Music - Kenny G Aromatherapy Massage oil -M Spritzer - Joyful.  Remedial techniques - shoulders/back.
Hot Pack	Upper Body
Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face
Hot Wet Towels	Feet; Face
Topical Treatment	
What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids
Body Chart	
Feedback after treatment -	Felt great after massage.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Talked about squatting and doing some side lying at night when back flares
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis

**Appointment:** 5 Sep 2024, 9:30AM

**Created:** 5 Sep 2024, 10:52AM

**Last updated:** 5 Sep 2024, 12:23PM

<b>Standard Consultation - Remedial Massage</b>	
<b>Presenting complaint (relevant medical history or client info)</b>	What's going on now - client 35weeks pregnant. Soreness and swelling in hands and feet.
<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 - increased. Anything noteworthy - no. Anything specific to massage (E.g. no foot massage) - no. Adjustments for pregnancy - supine elevation to 45 degrees. Side lying.
<b>Treatment details - what was done today to help the client</b>	Pressure used - 2-3 Music - Piano tunes Aromatherapy Massage oil - Plain oil. Spritzer - Joyful.  Remedial techniques - shoulders/back.
<b>Hot Pack</b>	Upper Body
<b>Hot Stones</b>	2 x Hips; 2 x Back/Shoulders; Cold stones on face
<b>Hot Wet Towels</b>	Feet; Face
<b>Topical Treatment</b>	
<b>What parts of the body were massaged?</b>	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	Rhomboids
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt great after massage,
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Baby due 10th. May be a week earlier if c section because of sideways breech. Discussed posture - sent info sheet. Talked about cat stretch.
<b>Infra-Red Sauna (if applicable - info is below)</b>	



Time in Sauna (minutes) -
Feedback after treatment -

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 13 Aug 2024, 11:00AM Created: 13 Aug 2024, 12:08PM Last updated: 13 Aug 2024, 12:09PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client 30weeks pregnant. Soreness starting to appear esp hips and back, shoulders been locked and hurting very sore last week
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 - increased. Anything noteworthy - no. Anything specific to massage (E.g. no foot massage) - no. Adjustments for pregnancy - supine elevation to 45 degrees. Side lying.
Treatment details - what was done today to help the client	Pressure used - 2-3 Music - Piano tunes Aromatherapy Massage oil - Plain oil. Spritzer - Joyful.  Remedial techniques - shoulders/back.
Hot Pack	Upper Body
Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face
Hot Wet Towels	Feet; Face
Topical Treatment	
What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids



Body Chart	
Feedback after treatment -	Felt great after massage,
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed how regular massage can help during pregnancy. Discussed posture
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 24 Jul 2024, 11:00AM Created: 24 Jul 2024, 12:05PM Last updated: 24 Jul 2024, 12:07PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client 25 weeks pregnant. Soreness starting to appear esp hips and back
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 - increased. Anything noteworthy - no. Anything specific to massage (E.g. no foot massage) - no. Adjustments for pregnancy - supine elevation to 45 degrees. Side lying.
Treatment details - what was done today to help the client	Pressure used - 2-3 Music - Piano tunes Aromatherapy Massage oil - Plain oil. Spritzer - Joyful.  Remedial techniques - shoulders/back.
Hot Pack	Upper Body
Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face



Hot Wet Towels	Feet; Face
Topical Treatment	
What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids
Body Chart	
Feedback after treatment -	Felt great after massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed how regular massage can help during pregnancy. Recom heat
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 20 Jun 2024, 3:00PM Created: 14 Jul 2024, 10:17PM Last updated: 14 Jul 2024, 10:21PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client 20 weeks pregnant.
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 - increased. Anything noteworthy - no. Anything specific to massage (E.g. no foot massage) - no. Adjustments for pregnancy - supine elevation to 45 degrees. Side lying.
Treatment details - what was done today to help the client	Pressure used - 2-3



	Music - Ian Cam Smith Aromatherapy Massage oil - Plain oil. Spritzer - Joyful.  Remedial techniques - shoulders/back.
Hot Pack	Upper Body
Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face
Hot Wet Towels	Feet; Face
Topical Treatment	
What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids
Body Chart	
Feedback after treatment -	Felt great.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed how regular massage can help during pregnancy.
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

There are no patient forms for Claire Campbell.