

Danielle Stephens

DOB 5 May 1980

Appointments

Date	Time	Type	Practitioner
20 Dec 2024	11:00AM – 12:00PM	Gift Certificate - Book your Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 20 Dec 2024, 11:00AM

Created: 20 Dec 2024, 10:49AM

Last updated: 20 Dec 2024, 12:34PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - clients neck sore  
Feedback from previous treatment - been sore for a long time, heavy lifting at work, busy. Only ever had a nightmarket massage with her kids

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 - cheched  
Anything noteworthy -  
Anything specific to massage (E.g. no foot massage) -

Treatment details - what was done today to help the client

Pressure used - 2 firm  
Music - Carl Chang  
Aromatherapy Massage oil - Lav Peppermint  
Spritzer - Pav Peppermint  
  
Remedial techniques - shoulders and neck especially

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; 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
Body Chart	
Feedback after treatment -	Felt great. Loved it
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed how massage can help, suggested free Sauna for her next time
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record - Women's Health	
Practitioner: Christine Jervis Appointment: 20 Dec 2024, 11:00AM Completed: 16 Dec 2024, 10:19AM	
About you...	
What's your health fund?	No health fund
Occupation - how long?	Assistant manager
List your physical activities, hobbies, exercise or sport.	Mostly work and walking
Do you sit/stand for long hours? (E.g. car/desk)	I stand for most of my work day
Medications - prescribed or natural	None
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Fractured elbow, 8 months ago.
About Massage...	
How did you find out about our massage	<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Phonebook

clinic?	<input type="checkbox"/> Massage Association <input type="checkbox"/> Health Professional (Doctor, Physio, Midwife) <input checked="" type="checkbox"/> Referral - word of mouth <input type="checkbox"/> Current/Previous customer
Who referred you? We use a client reward system - May we thank them?	Jessie Jones gave me a gift certificate
Type of massage pressure you prefer?	<input type="checkbox"/> Gentle <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard <input checked="" type="checkbox"/> Not sure? (We'll check at your massage)
What are your goals or reasons for getting massage?	To see if everything is ok
Any areas you DON'T want massaged?	<input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Stomach <input type="checkbox"/> Back <input type="checkbox"/> Buttocks <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Feet <input type="checkbox"/> Ok with above areas being massaged <input checked="" type="checkbox"/> Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y
Do you experience headaches?	<input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No pain - nothing hurts <input type="checkbox"/> Morning soreness <input type="checkbox"/> Night time pain <input checked="" 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 type="checkbox"/> I have no pain to manage <input type="checkbox"/> Ice <input type="checkbox"/> Heat <input checked="" 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 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 checked="" 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 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?	

### 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?	No
Menstrual and Fertility Conditions - please tick what applies to you...	<div><input type="checkbox"/> Painful Periods<input checked="" type="checkbox"/> Irregular Periods<input type="checkbox"/> Excessive Bleeding (&gt;1pad/tampon per/hr)<input type="checkbox"/> Fibroids<input type="checkbox"/> Painful Ovulation<input type="checkbox"/> Miscarriage (once)<input type="checkbox"/> Recurrent miscarriage<input type="checkbox"/> Currently doing Fertility Treatment. E.g. IVF.<input type="checkbox"/> Trying to get pregnant now<input type="checkbox"/> Postnatal Recovery<input type="checkbox"/> PCO (Polycystic ovaries)<input type="checkbox"/> PCOS (Polycystic Ovarian Syndrome)<input type="checkbox"/> POF (Premature Ovarian Failure)<input type="checkbox"/> Endometriosis<input type="checkbox"/> Failure to Ovulate<input type="checkbox"/> Low AMH<input type="checkbox"/> Retroverted uterus<input type="checkbox"/> Inverted uterus<input type="checkbox"/> No problems that I know of</div>
Symptoms experienced prior to and during menstruation	<div><input type="checkbox"/> I don't menstruate now<input type="checkbox"/> Lower back ache<input type="checkbox"/> Headaches<input type="checkbox"/> Dizziness<input type="checkbox"/> Dragging sensation<input type="checkbox"/> Heaviness or pressure in lower pelvis<input type="checkbox"/> Increased urination<input type="checkbox"/> Constipation<input type="checkbox"/> Diarrhoea<input type="checkbox"/> Changes in my usual bowel movements<input type="checkbox"/> Pain/numbness in right leg<input type="checkbox"/> Pain/numbness in left leg<input type="checkbox"/> Pain/numbness in both legs<input type="checkbox"/> Cramps - lower abdomen<input type="checkbox"/> Cramps - left side<input type="checkbox"/> Cramps - right side<input type="checkbox"/> Dark thick blood at beginning of menstruation<input type="checkbox"/> Dark thick blood at the end of menstruation<input type="checkbox"/> Blood clots<input checked="" type="checkbox"/> None of the above happen during my period</div>
Any female health details or info you'd like to share?	
<div><h3>Pregnancy, Birth and Postnatal Recovery</h3><p>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.</p><div><div>Tick what applies to your birth experiences -</div><div><input type="checkbox"/> No birth history to report<input checked="" type="checkbox"/> Vaginal Birth<input type="checkbox"/> Water Birth<input type="checkbox"/> Epidural / Pethidine<input type="checkbox"/> Forceps / Ventouse<input type="checkbox"/> C-section<input type="checkbox"/> Termination<input type="checkbox"/> Miscarriage<input type="checkbox"/> Ectopic</div></div></div>	
How many pregnancies have you had?	3
How many babies have you birthed?	2
Have you had any birth interventions or complications?	No
How long were your birth hours for each delivery?	About 4 hours
Any other info you would like to share?	
<div><h3>Your consent...</h3></div>	

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.

**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.**

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