Shynade Hohenhaus

Appointments

Date	Time	Туре	Practitioner
28 Jun 2025	9:30AM - 10:30AM	60 minute Massage	Christine Jervis

Treatment Notes

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Practitioner: Christine Jervis Appointment: 28 Jun 2025, 9:30AM	
Created: 28 Jun 2025, 10:36AM	
Last updated: 28 Jun 2025, 1:15PM	
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Standard Consultation - Remed	ial Massage
Presenting complaint (relevant medical history or client info)	What's going on now - client cramping in calves, baby turned so head is up
Medication or relevant procedures / info dentified that may affect the massage.	
Details of Medications / Red Flags / Precautions needed etc (i.e. conditions	Sees Tania McSweeney for massage
listed above)-	
Assessment / Testing done (including	Verbal consent obtained.
ROM) / Observations	ROM - not checked today.
	Anything noteworthy - no.
	Anything specific to massage (E.g. no foot massage) - no.
	Anyuming specific to massage (E.g. no root massage) no.
Treatment details - what was done today	Pressure used - 3 firm
to help the client	Music - Ian Cam Smith
	Aromatherapy Massage oil - 1 % relax blend
	Spritzer - Rose
	opinizer nose
	Remedial techniques - shoulders, hips, back.
Hot Pack	Upper Body
Hot Stones	2 x Hips; 2 x Back/Shoulders
Hot Wet Towels	Feet; Face

What parts of the body were massaged?	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck /		
Shoulders; Arms - side-lying; Legs - side-lying	g; Feet; Head / scalp; Face / sinuses		
Where any specific trigger points used?			
Body Chart			
Feedback after treatment -	Relaxed after treatment		
Plan for future results / treatment /	Discussed treatment throughout pregnancy. Showed belly lift and discussed using		
progress / homework (including discussion with client, advice, stretches)	pillow and side lying at 90 degrees to help when sore		
Infra-Red Sauna (if applicable - info is below)			
Time in Sauna (minutes) -			
Feedback after treatment -			

Patient Forms

Patient Forms	
New Client Record - Women's Health	
Practitioner: Christine Jervis Appointment: 28 Jun 2025, 9:30AM Completed: 20 Jun 2025, 11:33AM	
About you	
What's your health fund?	Medibank
Occupation - how long?	High school teacher - 8 years
List your physical activities, hobbies, exercise or sport.	Walking.
Do you sit/stand for long hours? (E.g. car/desk)	Occasionally
Medications - prescribed or natural	N/A
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Past broken ankle.
About Massage How did you find out about our massage clinic?	☐ Google ☐ Facebook ☐ Instagram ☐ Phonebook ☐ Massage Association ☐ Health Professional (Doctor, Physio, Midwife) ☐ Referral - word of mouth ☐ Current/Previous customer
Who referred you? We use a client reward	

system - May we thank them?	
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?	Relief from pregnancy related pain and stiffness
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 years)
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
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 ag sleep, mental health and stress management.	ges. Digestive and fertility health are strongly linked. Massage also helps with improved
Any falls / injuries to your sacrum, tailbone, head, ankles or feet?	N/A
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?	Typical effects of pregnancy
Menstrual and Fertility Conditions - please tick what applies to you	□ Painful Periods □ Irregular Periods □ 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
	v. Some massage techniques affect your body's response, especially if you've experienced 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?	0
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?	
The state of the s	nge Therapist plan the safest treatment. Be honest - tell us if the temperature is too u'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.				
_	sleepy. Get up slowly from the table - give yourself time to adjust afterwards. Delay your orking. 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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