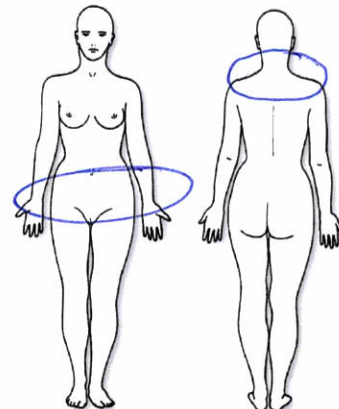


Personal Information – your honest info helps plan the best treatment for you.			
Full Name <u>Sheena Rao</u>		Date of Birth <u>17/05/85</u>	
Postal Address <u>9 Bicentennial Road, Bentley Park</u>			
Home Phone _____	Work Phone _____	Mobile <u>0425 130 422</u>	
Email Address <u>sheenaposeaswift.com.au</u>			
Emergency Contact Details – Name and Number <u>Aaron Hevenini 0407 672 134</u>			
Occupation – how long? <u>EA-6yrs</u>	Current Doctor <u>Cairns Central med</u>	Health Fund <u>Medibank</u>	
How did you find out about us? Who referred you? <u>WOM - michelle white</u>		May I thank them for referring you? <u>Yes</u> No	
Please circle: what is the fastest / best way to get a response from you? (E.g. when confirming a massage) <u>Text Message</u> Home Telephone Work Telephone Email Facebook Message			
Physical activities / hobbies / exercise. Do you sit or stand for long hours? (E.g. computer/driving) <u>Computer - sitting approx 6hrs / Muay Thai training</u>			
Medications – prescribed or natural: <u>/</u>			
Medical History (Operations / Illnesses / Accidents / Injuries) <u>C-sec + Abdominoplasty feels out of balance.</u>			
Please circle any areas you DON'T want massaged Face Head Chest Stomach Back Buttocks Arms Legs Feet <u>Chest</u>			
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.
<input type="checkbox"/> Allergies / Asthma / Sinus / Skin sensitivity
<input type="checkbox"/> Any contagious disease / Cold / Flu
<input checked="" type="checkbox"/> Anxiety / Depression <u>B.P. is fine.</u>
<input type="checkbox"/> Arthritis / Bone or Spinal problems / Osteoporosis
<input type="checkbox"/> Bruise Easily / Blood clotting problems / Swelling
<input type="checkbox"/> Cancer / Recent Illness / Surgery
<input type="checkbox"/> Diabetes <input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2 <input type="checkbox"/> GESTATIONAL
<input checked="" type="checkbox"/> Dizziness / Numbness / Tingling / Cold hands / Cold feet
<input type="checkbox"/> Fractured bones / Cuts / Burns
<input checked="" type="checkbox"/> Headache <input checked="" type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> PERSISTENT
<input type="checkbox"/> Hearing or Vision problems / Hearing Aid / Contact lenses
<input type="checkbox"/> Heart Problems / Blood Pressure <input type="checkbox"/> HIGH <input type="checkbox"/> LOW
<input type="checkbox"/> Pain <input checked="" type="checkbox"/> SHARP <input type="checkbox"/> DULL <input type="checkbox"/> ACHING
When is your pain worst? <input type="checkbox"/> MORNING <input type="checkbox"/> NIGHT <input checked="" type="checkbox"/> ALL THE TIME
What relieves it? <input type="checkbox"/> ICE <input type="checkbox"/> HEAT <input type="checkbox"/> REST <input checked="" type="checkbox"/> MOVEMENT
<input type="checkbox"/> MEDICATION <input type="checkbox"/> TOPICAL CREAM <input type="checkbox"/> other -

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



Any extra health details:

chiro past year  
last few sessions  
not relieving ①





**Menstrual and Fertility Conditions** – please tick (or enter) 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 checked="" 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 experienced prior to and during menstruation**

<input 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 -	

**Pregnancy and birth history**

Are you currently trying to get pregnant? If yes, how long have you been actively trying?

Are you under treatment for infertility? i.e. IVF

How many pregnancies have you had? 4

Number of deliveries? 5 How long were your birth hours for each delivery? 5

How would you describe your experiences or feelings about your:

- ☒ Pregnancy
- ☒ Labour/delivery
- ☒ Post-partum recovery

Did you have any interventions / complications?

Please tick what applies to your experiences:

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

1 x Natural  
1 x Emergency C-sec w/ twins 2008.





### Reasons for your visit

Do you have any particular goals for your massage treatments?

Relief

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

All of the above

### Important personal questions...

Do have any digestive complaints? E.g. Constipation (going <1 per day), diarrhoea, hard or loose bowel movements, abdominal pain, bloating or discomfort.

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?

Any falls / injuries to your sacrum, tailbone or head?

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

Yes abdomen birth 2008. surgery 2016.

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?

Yes

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

No. I wake constantly and do not get full rest

Have you told your doctor or health practitioner about starting massage treatment? Yes ☒ No

### 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**

*[Handwritten signature]*

**Date**

10/08/18

**Therapist Signature**

*[Handwritten signature]*

**Date**

10/8/18.





**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**

*[Handwritten Signature]*

**Client Name**

*Sheno Poc*

**Date**

*10/08/18*

Sheena Poa

DOB

Occupation

17 May 1985

Executive Assistant - 6 years

Appointments

Date	Time	Type	Practitioner
4 Apr 2025	4:30PM – 5:30PM	75 minute Remedial Massage	Christine Jervis
31 Jul 2024	4:30PM – 5:30PM	REBOOKING - 60 minute Massage	Christine Jervis
30 Jun 2024	4:00PM – 5:00PM	60 minute Massage	Christine Jervis
3 Sep 2022	10:20AM – 11:20AM	REBOOKING - 60 minute Massage	Christine Jervis
6 Aug 2022	9:00AM – 10:00AM	60 minute Massage	Christine Jervis
10 Aug 2018	11:00AM – 12:00PM	60 minute Massage	Marina Franke

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 4 Apr 2025, 4:30PM

Created: 4 Apr 2025, 4:30PM

Last updated: 4 Apr 2025, 7:40PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client's body esp L shoulder and hip and neck very sore. R hip flexor anterior pain. Sore after 20mins sitting at work so doing more standing for 8 hours

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

Injury

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

Digestive issues - constipation and diahorrea. Sleep problems - 3-4 hours and sleeps broken, wakes easily. Has been medicatwd but doesn't like to take it based on risk, uses over the counter drugs instead. Lots of stress at work. Body very sore. Degeneration neck bones

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.  
ROM - checked limited and sore.  
Anything noteworthy - see above notes  
Anything specific to massage (E.g. no foot massage) - no. Love massage.

<b>Treatment details - what was done today to help the client</b>	Pressure used - 3 firm Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - lower Body Topical Treatment - Fisiocrem upper Music - Ian Cam and Ken Davis Aromatherapy Massage oil - pain h20  FB-stomach. Remedial techniques especially through hips, back, shoulders and neck. Side lying hips and legs.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; Deltoids; QLs; ITBs; Psoas
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt so good after massage
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed getting some future treatment and asymmetrical standing and moving at work
<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> 31 Jul 2024, 4:30PM <b>Created:</b> 31 Jul 2024, 4:31PM <b>Last updated:</b> 31 Jul 2024, 5:38PM	
<b>Standard Consultation - Remedial Massage</b>	
<b>Presenting complaint (relevant medical history or client info)</b>	What's going on now - client's body esp L shoulder and neck very sore. booked doctor for next week. Swelling in armpits yesterday. Headaches. Pain is 8
<b>Medication or relevant procedures / info identified that may affect the massage.</b>	Injury
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	Digestive issues - constipation and diahorrea. Sleep problems - 3-4 hours and sleeps broken, wakes easily. Has been medicatwd but doesn't like to take it based on risk, uses

	over the counter drugs instead. Lots of stress at work. Body very sore.
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - checked limited and sore. Anything noteworthy - see above notes Anything specific to massage (E.g. no foot massage) - no. Love massage.
Treatment details - what was done today to help the client	Pressure used - 3 firm Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - lower Body Topical Treatment - Fisiocrem upper Music - Ian Cam and Ken Davis Aromatherapy Massage oil - pain h20  FB-stomach. Remedial techniques especially through hips, back, shoulders and neck.
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; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; Pecs; Deltoids; QLs; ITBs; Psoas
Body Chart	
Feedback after treatment -	Felt sore after massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Seeing doctor next week
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 30 Jun 2024, 4:00PM Created: 30 Jun 2024, 4:04PM Last updated: 14 Jul 2024, 10:11PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client's body esp L shoulder and neck very sore. Stuff neck for 2 days. Trouble sleeping and with digestion. Sees Chiro regularly still. Constipated for 4 days - in pain.

<b>Medication or relevant procedures / info identified that may affect the massage.</b>	Injury
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	Digestive issues - constipation and diahorrea. Sleep problems - 3-4 hours and sleeps broken, wakes easily. Has been medicatwd but doesn't like to take it based on risk, uses over the counter drugs instead. Lots of stress at work. Body very sore.
<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - checked limited and sore. Anything noteworthy - see above notes Anything specific to massage (E.g. no foot massage) - no. Love massage.
<b>Treatment details - what was done today to help the client</b>	Pressure used - 3 firm Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - lower Body Topical Treatment - Fisiocrem upper Music - Ian Cam and Ken Davis Aromatherapy Massage oil - cream  FB-stomach. Remedial techniques especially through hips, back, shoulders and neck.
<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; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; Deltoids; QLs; ITBs; Psoas
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt great after massage. Contacted days later and she got relief from constipation.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed using heat pack to help neck.
<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:** 3 Sep 2022, 10:20AM  
**Created:** 3 Sep 2022, 11:32AM  
**Last updated:** 3 Sep 2022, 11:35AM



## Standard Consultation - Remedial Massage

<b>Presenting complaint (relevant medical history or client info)</b>	What's going on now - client's body esp L shoulder and neck very sore. Stuff neck for 2 days. Trouble sleeping and with digestion. Sees Chiro regularly still
<b>Medication or relevant procedures / info identified that may affect the massage.</b>	Injury
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	Digestive issues - constipation and diahorrea. Sleep problems - 3-4 hours and sleeps broken, wakes easily. Has been medicatwd but doesn't like to take it based on risk, uses over the counter drugs instead. Lots of stress at work. Body very sore.
<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - checked limited and sore. Anything noteworthy - see above notes Anything specific to massage (E.g. no foot massage) -
<b>Treatment details - what was done today to help the client</b>	Pressure used - 3 firm Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - lower Body Topical Treatment - Fisiocrem upper Music - Ian Cam and Ken Davis Aromatherapy Massage oil - cream  FB-stomach. Remedial techniques especially through hips, back, shoulders and neck.
<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; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; Deltoids; QLs; ITBs; Psoas
<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>	Discussed using heat pack to help neck.

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

**Time in Sauna (minutes) -**

**Feedback after treatment -**

## Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 6 Aug 2022, 9:00AM  
**Created:** 8 Aug 2022, 6:57AM  
**Last updated:** 8 Aug 2022, 7:03AM

## Standard Consultation - Remedial Massage

**Presenting complaint (relevant medical history or client info)** What's going on now - client's body esp L shoulder and neck very sore. Trouble sleeping and with digestion. Sees Chiro regularly. Nor currently active, used to do Muoy Tai.

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

**Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-** Digestive issues - constipation and diahorrea. Sleep problems - 3-4 hours and sleeps broken, wakes easily. Has been medicatwd but doesn't like to take it based on risk, uses over the counter drugs instead. Lots of stress at work. Body very sore.

**Assessment / Testing done (including ROM) / Observations** Verbal consent obtained.  
 ROM - checked limited and sore.  
 Anything noteworthy - see above notes  
 Anything specific to massage (E.g. no foot massage) -

**Treatment details - what was done today to help the client** Pressure used - 3 firm  
 Hot Stones - 2 x Hips and 2 x Back/Shoulders  
 Hot Wet Towels - Feet / Face  
 Hot Pack - lower Body  
 Topical Treatment - Fisiocrem upper  
 Music - Yanni  
 Aromatherapy Massage oil - cream  
  
 FB+ stomach (psoas release). Remedial techniques especially through hips, back, shoulders and neck.

**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; Feet; Head / scalp; Face / sinuses

**Where any specific trigger points used?** Rhomboids; Upper Traps; Lev Scaps; Pecs; Deltoids; QLs; ITBs; Psoas

### Body Chart

**Feedback after treatment -** Felt great after massage.

**Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)** Sternum lift recommended. Discussed how there is a lot to work on and how massage can help

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



Time in Sauna (minutes) -

Feedback after treatment -

### Standard Consultation - Remedial Massage

**Practitioner:** Marina Franke

**Appointment:** 10 Aug 2018, 11:00AM

**Created:** 10 Aug 2018, 11:09AM

**Last updated:** 10 Aug 2018, 12:37PM

### Standard Consultation - Remedial Massage

**Presenting complaint (relevant medical history or client info)**

What's going on now -neck & shoulders. Hips 'go out' regularly. feels out of balance through abdominal area due to surgery?  
Feedback from previous treatment -

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

Abdominoplasty 2016 due to carrying twins 2008. Cesarean also.

**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 noteworthy -  
Any precautions / Red Flags -  
Anything specific to massage - Ask before doing abdominal work, feet tickly

**Treatment details - what was done today to help the client**

Pressure used - firm, requested hard at times but then it was uncomfortable  
Hot Stones -4  
Hot Wet Towels -2  
Cupping area -mid tx to upper traps. slide, not too much-very red. Doesn't drink much water  
Topical Treatment -  
Music - Kenny G  
Aromatherapy - Tangerine

**What parts of the body were massaged?**  
Legs - Supine

Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Legs - Prone;

**Where any specific trigger points used?**

Rhomboids; Upper Traps; Lev Scaps; SCMs; QLs; Glutes; TMJ

**Feedback after treatment -**

relaxed. tender R lateral neck

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

pec stretches shown, & mid tx twist

Infra-Red Sauna

Time in Sauna (minutes) -

Feedback after treatment -

Patient Forms

There are no patient forms for Sheena Poa.