

Sarina Piercy

DOB20 Dec 1960

Appointments

Date	Time	Type	Practitioner
26 Nov 2024	9:30AM – 10:30AM	75 minute Remedial Massage	Christine Jervis
5 Nov 2024	12:45PM – 1:45PM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Initial Consultation - Remedial Massage

**Practitioner:** Christine Jervis

**Appointment:** 5 Nov 2024, 12:45PM

**Created:** 27 Nov 2024, 6:04AM

**Last updated:** 28 Nov 2024, 10:23AM

Initial Consultation - Remedial Massage Appointment

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

What's going on now - client been sore, seeing another therapist for massage

**Assessment / Testing done (including ROM) / Observations**

Verbal consent obtained.

ROM - checked

Anything noteworthy - injuries

Anything specific to massage (E.g. no foot massage) - no, smaller build, nodule in R calf

Client had any previous treatment elsewhere? Yea monthly with another local therapist

Any Red Flags - Injuries, had running training

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

Injury

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

Abdominal and hips problems

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

Pressure used - 2-3 firm

Hot Stones - 2 x Hips and 2 x Back/Shoulders

Hot Wet Towels - Feet / Face

Hot Pack - Lower Body

Topical Treatment - Fisiocrem

Music - Ian Cam Smith

Aromatherapy Massage oil - Lav peppermint

Spritzer - Rose

Focus On Movement | Created 20 May 2025, 12:29PM

1 of 8

Remedial techniques on shoulders, back and hips. Quick stomach massage	
What parts of the body were massaged?	Full Body Treatment; Stomach
Where any specific trigger points used?	
Body Chart	
Feedback after treatment -	Felt good after massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Suggested side lying massage next time
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 26 Nov 2024, 9:30AM Created: 27 Nov 2024, 5:39AM Last updated: 27 Nov 2024, 6:04AM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client's eye surgery did y work as expected so she is not doing the second eye yet, will wait and see. Feedback from previous treatment - felt better
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 - injuries, past abdominal problems and hip pain 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 - Ackerman Bill tunes Aromatherapy Massage oil - lav prop

	Spritzer - rose
	Remedial techniques - hips, shoulders and neck.
<b>Hot Pack</b>	Lower 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>	Fisiocrem shoulders/neck
<b>What parts of the body were massaged?</b>	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; 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; QLs; ITBs; TFLs; Glutes; Psoas
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	QLs RHS been feeling pain
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed how massage can help
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

## Patient Forms

New Client Record - Women's Health	
<b>Practitioner:</b> Christine Jervis <b>Appointment:</b> 5 Nov 2024, 12:45PM <b>Completed:</b> 4 Nov 2024, 12:45PM	
<b>About you...</b>	
<b>What's your health fund?</b>	Medibank Private
<b>Occupation - how long?</b>	Retired
<b>List your physical activities, hobbies, exercise or sport.</b>	Running 2 -3 times/week Gym 3 x 1hour sessions /week
<b>Do you sit/stand for long hours? (E.g. car/desk)</b>	Generally try to stay active

<b>Medications - prescribed or natural</b>	Nil Prolia injection 6 monthly
<b>Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.</b>	Eye Surgery 7 months ago to repair a hole in my macular
<b>About Massage...</b>	
<b>How did you find out about our massage clinic?</b>	<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Phonebook <input type="checkbox"/> Massage Association <input type="checkbox"/> Health Professional (Doctor, Physio, Midwife) <input type="checkbox"/> Referral - word of mouth <input checked="" type="checkbox"/> Current/Previous customer
<b>Who referred you? We use a client reward system - May we thank them?</b>	Jessica Piercy (daughter)
<b>Type of massage pressure you prefer?</b>	<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)
<b>What are your goals or reasons for getting massage?</b>	Release any tight muscles in neck and lower back.
<b>Any areas you DON'T want massaged?</b>	<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 checked="" type="checkbox"/> Ok with above areas being massaged <input type="checkbox"/> Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y
<b>Do you experience headaches?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Persistent <input type="checkbox"/> Migraines
<b>Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?</b>	<input 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 checked="" 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
<b>Do you have any pain?</b>	<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
<b>If your body hurts, what relieves it?</b>	<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 checked="" type="checkbox"/> Stretching <input type="checkbox"/> Medication <input checked="" type="checkbox"/> Topical Cream (E.g. Tiger Balm)
<b>Some conditions affect massage. We want to safely treat you. Tick what applies to you -</b>	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Sinus <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Trouble falling asleep <input checked="" type="checkbox"/> Trouble staying asleep through the night <input type="checkbox"/> Arthritis <input checked="" 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 checked="" 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

☐ 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?** Trouble when I sneeze

**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

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.

**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?** 2

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?	First -10 hours, Second 4 hours
Any other info you would like to share?	

**Your consent...**

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.**

S Piercy

### New Client Record

**Practitioner:** Christine Jervis  
**Appointment:** 5 Nov 2024, 12:45PM  
**Completed:** 4 Nov 2024, 12:57PM

### About you...

What's your health fund?	Medibank Private
Occupation - how long?	Retired
List your physical activities, hobbies,	Cycling and kayaking

exercise or sport.

**Do you sit/stand for long hours? (E.g. car/desk)** No

**Medications - prescribed or natural** Nil

**Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.** Compressed vertebrae 30 years ago

## 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?** Jessica Piercy

**What are your goals or reasons for getting massage?** Muscle relaxation

**Type of massage pressure you prefer?**

☐ Gentle
 ☐ Firm
 ☐ Hard
 ☐ Very Hard
 ☒ Not sure? (We'll check at your massage)

**Any areas you DON'T want massaged?**

☐ Face
 ☐ Head
 ☐ Stomach
 ☐ Back
 ☐ Buttocks
 ☐ Arms
 ☐ Legs
 ☐ Feet
 ☒ I am ok with all the above areas being massaged
 ☐ Not sure? (We will discuss reasons for massaging different areas at your appointment)

**Do you experience headaches?** ☒ No ☐ Mild ☐ Severe ☐ Persistent ☐ Migraines

**Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?**

☐ 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
 ☐ Occasionally experience problems
 ☐ Struggling most of the time
 ☒ No problems - everything is working well

**Any falls or injuries to your sacrum, tailbone, head, ankles, feet, abdomen or lower back? These are important body balance areas.** Sacrum

**Do you have any pain?**

☐ No pain - nothing hurts
 ☐ Morning soreness
 ☐ Night time pain
 ☐ Happens randomly - can be any time
 ☐ Pain doing something specific. E.g. Bending over to touch toes.
 ☐ All the time
 ☐ Tender to touch
 ☒ Dull pain
 ☐ Aching or throbbing
 ☐ Sharp pain
 ☐ Stiffness
 ☒ Muscle tightness
 ☒ Restricted movement

**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** ☐ Allergies ☐ Asthma ☐ Sinus ☐ Anxiety ☐ Depression

**to safely treat you. Tick what applies to you -**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Trouble sleeping or falling asleep | <input checked="" 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"/> Cold hands / Cold feet             | <input type="checkbox"/> Heart Problems              | <input type="checkbox"/> Blood Pressure - high         |
| <input type="checkbox"/> Blood Pressure - low               | <input checked="" type="checkbox"/> Hearing problems | <input checked="" 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?**

### Your consent...

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.**

