

Mrs Samantha Gane

DOB11 Aug 1982

Appointments

Date	Time	Type	Practitioner
19 Apr 2025	9:30AM – 10:30AM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Initial Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 19 Apr 2025, 9:30AM

Created: 19 Apr 2025, 10:39AM

Last updated: 21 Apr 2025, 5:31PM

Initial Consultation - Remedial Massage Appointment

Presenting complaint (relevant medical history or client info)

What's going on now - client's neck and shoulders been very sore

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.

ROM - checked

Anything noteworthy - no

Anything specific to massage (E.g. no foot massage) - small build, caloused hands

Client had any previous treatment elsewhere? Yes many years ago

Any Red Flags - no

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

Prescription Medication; Injury

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

Meds for ADHD

Treatment details - what was done today to help the client

Pressure used - 2 firm with 3 shoulders and neck

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

Hot Wet Towels - Feet / Face / Arms & Hands

Hot Pack - Lower Body

Topical Treatment - Fisiocrem

Music - Mod Girls mix

Aromatherapy Massage oil - Extreme pain blend

Spritzer - Relax lab peppermint rose

FB with remedial techniques on shoulders, neck and back especially.

What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; 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. Enjoyed massage.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	See in 2-3 weeks.
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: 19 Apr 2025, 9:30AM Completed: 18 Apr 2025, 1:53PM	
About you...	
What's your health fund?	Queensland country Health fund
Occupation - how long?	Coles nightfil 3 years
List your physical activities, hobbies, exercise or sport.	Red arrow walking used to do pilates
Do you sit/stand for long hours? (E.g. car/desk)	Stand for approx 8 hrs walking, bending ect
Medications - prescribed or natural	Dexamphetamine x8 daily 5mg adhd
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Gall bladder removal Hysterectomy both ovaries left
About Massage...	
How did you find out about our massage clinic?	<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 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?	Christine x
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?	Very tense upper body shoulders neck ect To relax the muscles a bit more
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 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
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 type="checkbox"/> No problems - everything is working well <input checked="" 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 checked="" type="checkbox"/> Dull pain <input type="checkbox"/> Aching or throbbing <input type="checkbox"/> Sharp pain <input type="checkbox"/> Stiffness <input checked="" 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 checked="" type="checkbox"/> Heat <input type="checkbox"/> Rest <input type="checkbox"/> Exercise <input type="checkbox"/> Stretching <input checked="" 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 checked="" type="checkbox"/> Anxiety <input checked="" type="checkbox"/> Depression <input type="checkbox"/> Trouble falling asleep <input 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?	Nothing else reallyj
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?	Yes hysterectomy

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 working ok

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?

Hysterectomy

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?

7

How many babies have you birthed?

3

Have you had any birth interventions or complications?

Yes Placenta accreta spectrum grade 4

How long were your birth hours for each delivery?

Very short due to c section

Any other info you would like to share?

No

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.

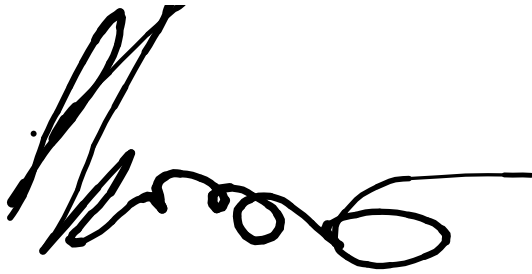
It's ok to discuss my treatment with my doctor, physio or referring health practitioner.

☒ 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.

A handwritten signature in black ink, appearing to be 'S. Gane', written in a cursive style.