

Master Ryder Harcourt
DOB 20 Mar 2017

Appointments

Date	Time	Type	Practitioner
2 Jul 2025	11:00AM – 11:30AM	30 minute Massage	Christine Jervis
29 Jun 2025	2:00PM – 2:30PM	30 minute Massage	Christine Jervis
24 Jun 2025	2:30PM – 3:00PM	30 minute Massage	Christine Jervis
2 Jun 2025	3:30PM – 4:00PM	30 minute Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 24 Jun 2025, 2:30PM
Created: 5 Jul 2025, 9:30PM
Last updated: 5 Jul 2025, 9:33PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client's feeling sore especially in legs. Lots of soccer training 5 days per week. Couldn't train/play on the weekend because so sore. Seen physio.

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
Anything noteworthy - no
Anything specific to massage (E.g. no foot massage) - small build 8 years old

Treatment details - what was done today to help the client

Pressure used - 2 firm
Music - Ian Cam Smith
Aromatherapy Massage oil - sports blend.
Spritzer - rose

Remedial techniques - ITBs, calves, glutes

Hot Pack	
Hot Stones	
Hot Wet Towels	Feet
Topical Treatment	
What parts of the body were massaged?	Gluteals / Lower Back; Legs - Prone; Legs - Supine; Feet
Where any specific trigger points used?	ITBs; Glutes
Body Chart	
Feedback after treatment -	Felt good. Enjoyed.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed parents helping with massage.
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 2 Jul 2025, 11:00AM Created: 2 Jul 2025, 11:03AM Last updated: 2 Jul 2025, 11:45AM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client's feeling better, sore after playing yesterday. Feedback from previous treatment - good.
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 Anything noteworthy - no Anything specific to massage (E.g. no foot massage) - small build 8 years old

Treatment details - what was done today to help the client	Pressure used - 2 firm Music - Enya Aromatherapy Massage oil - Relax tincture Spritzer - rose Remedial techniques - ITBs and glutes Hot stones on back and shoulders and glutes. Very sore and jumpy today with muscles
Hot Pack	Lower Body
Hot Stones	2 x Back/Shoulders
Hot Wet Towels	Feet
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Gluteals / Lower Back; Legs - Prone; Legs - Supine; Feet
Where any specific trigger points used?	ITBs; TFLs; Glutes
Body Chart	
Feedback after treatment -	Felt good, loves the hot stones
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	See after competition
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 29 Jun 2025, 2:00PM Created: 29 Jun 2025, 3:11PM Last updated: 29 Jun 2025, 3:15PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client's feeling better, sore tailbone and head after falls yesterday. Feedback from previous treatment - improved from last week
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 Anything noteworthy - no Anything specific to massage (E.g. no foot massage) - small build 8 years old
Treatment details - what was done today to help the client	Pressure used - 2 firm Music - Ian Cam Smith Aromatherapy Massage oil - Relax lavender peppermint Spritzer - rose Remedial techniques - ITBs and glutes Hot stones on back and shoulders and glutes
Hot Pack	Lower Body
Hot Stones	2 x Back/Shoulders
Hot Wet Towels	Feet
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Gluteals / Lower Back; Legs - Prone; Legs - Supine; Feet
Where any specific trigger points used?	ITBs; TFLs; Glutes
Body Chart	
Feedback after treatment -	Felt good, loves the hot stones
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	See in a couple of days before competition
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record
Practitioner: Christine Jervis

Appointment: 2 Jun 2025, 3:30PM

Completed: 2 Jun 2025, 3:36PM

About you...

What's your health fund?

Bupa

Occupation - how long?

Student

List your physical activities, hobbies, exercise or sport.

Soccer swimming

Do you sit/stand for long hours? (E.g. car/desk)

Student at desk during day on feet most of day

Medications - prescribed or natural

Asthma Rilast and allergies avamys

Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.

Chest infections, croup

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?

Mum Louise Harcourt

What are your goals or reasons for getting massage?

Lots of soccer so just trying to prevent injury

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.

No

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 to safely treat you. Tick what applies to you -

- ☒ Allergies
- ☒ Asthma
- ☐ Sinus
- ☐ Anxiety
- ☐ Depression
- ☐ Trouble sleeping or falling asleep
- ☐ 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?

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.

