Martin Majer

DOB 1 Jan 1975 **Occupation** Architect

Appointments

Date	Time	Туре	Practitioner
22 Dec 2024	4:30PM – 5:30PM	60 minute Massage	Christine Jervis
4 Jan 2024	4:30PM – 5:30PM	Sauna & Massage - for clients with a FREE Sauna offer/voucher	Christine Jervis

Treatment Notes

Treatment Notes	
Standard Consultation - Remedial M	assage
Practitioner: Christine Jervis Appointment: 4 Jan 2024, 4:30PM Created: 6 Jan 2024, 5:17AM Last updated: 6 Jan 2024, 5:21AM	
Standard Consultation - Remedi	ial Massage
Presenting complaint (relevant medical history or client info)	What's going on now - client's body sore from working outside
Medication or relevant procedures / info identified that may affect the massage.	
Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-	Sinus congestion - esp prone.
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - not checked today Anything noteworthy - no. Anything specific to massage (E.g. no foot massage) - watch prone positioning for sinus drainage. History of Lx problems so use elevated mid lift.
Treatment details - what was done today to help the client	Pressure used - 3 firm Music - Yanni if there Aromatherapy Massage oil - Sports Blend Spritzer - Joyful Remedial techniques - shoulders, back, hips. Sinuses - blew nose after prone, congested with facial massage.
Hot Pack	Lower Body

Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face
Hot Wet Towels	Feet; Face
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged? Legs - Prone; Legs - Supine; Feet; Head / sca	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine;
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; Pecs; Deltoids; QLs; ITBs; TFLs
Body Chart	
Feedback after treatment -	Felt better after massage - enjoyed it.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed getting some regular treatment this year to help manage stress.
Infra-Red Sauna (if applicable	· info is below)
Time in Sauna (minutes) -	20
Feedback after treatment -	Sweated well. Used his phone in the Sauna.

Patient Forms

There are no patient forms for Martin Majer.





Personal Information	
Full Name	Occupation
MARTIN JOHN MATER	ARCHITECT
Postal Address	
27 AUPINIA TERRACE, MOUNT ST	YERIDAN, 4868
Home Phone Work Phone	Mobile
40 36 07 35 40 51 40 88	0447625376
Email Address May	in oclarkeandpring com. au
Email Address mar big pond com	The control of the co
Please circle: what is the fastest / best way to get a response f	rom you (e.g. when confirming a massage)
Text Message Home Telephone Work Telephone	Email Facebook Message
Emergency Contact Details: Name and Number	
Home N° OR 0409497456 MATER	WFE.
TO SEE THE PROPERTY OF THE PRO	circle if you use any of the following:
Please circle: Yes (please email) / No (please print) Faceboo	ok / Twitter / Instagram / Pinterest / Linked In
Anything new about your health / medical history? (Allergies /	injuries / accidents / surgery / medications)
NIC	
Client Signature	Date 02.03.18
Office - Please tick after	r undated information is electronically entered





Remedial **Massage** Client Record

Full Name MARTIN TOHN MAJER Date of Birth Or of 75
Postal Address 27 ALPINIA STREET MT. SHERIDAN
Home Phone 67 40 360 735 Work 67 40 51 4088 Mobile 0447 625 376
Email Address Martine clarke and prince com. av Health Fund
Emergency Contact Details - Name and Number SARINA MATER
Current Doctor CAMERON MCCEOD_ Referred By
Occupation and how long ARCHITECT 15 YEARS
Physical Activities/Hobbies/Exercise UES TIME TO TIME.
dedical History (operations/illnesses/accidents/injuries)
Medications – Prescribed or Natural:
Some conditions require your massage to be modified.

Please tick all conditions below that apply to you NOW.

- Allergies / Asthma
- Any Contagious Disease / Skin Problem
- **Arthritis**
- Blood Pressure / Heart Problems
- Bruise Easily / Blood clotting problems
- Cancer
- П Chronic Pain
- Cold / Flu
- Constipation □ NOW □ SOMETIMES □ MOST OF THE TIME
- Diabetes □TYPE 1 □ TYPE 2
- Dizziness П
- Fractured bones П
- Headache □ NOW □ SOMETIMES □ MOST OF THE TIME
- Numbness / Tingling
- Recent Illness / Surgery
- Spinal / Back Problems
- Sprained/strained muscles

Details		

Please circle areas of soreness or pain on the body chart below: Right Left Left Right Amount of Pain (1-10): Type (sharp, dull, aching etc) When is the pain worst? What relieves the pain?

Please circle any areas you DON'T want massaged: Face Head Chest Stomach Back Buttocks Arms Legs Feet

Please circle what type of massage pressure you prefer:

Gentle

Hard

Very Hard



All the information a client provides helps determine an appropriate massage treatment. Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulation.

CLIENTS - if you develop any further complications/symptoms/problems or your details change, PLEASE ADVISE ASAP.

Signature:

Date: 11/7/2013





Massage Informed Consent

PLEASE READ THIS INFORMATION CAREFULLY

Every massage treatment has potential risks; such as causing pain, bruising, infection, burns (from heat therapy), feeling sleepy, fainting, aggravating existing conditions, or creating an aromatic response (irritating/photo-sensitising skin, cause blood thinning, euphoria or interact with medications or homeopathic remedies).

To minimise possible risk, you must:

Be honest about the information you provide regarding your health: especially for heart/kidney/immune/health problems, if you're pregnant/breastfeeding

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 at any stage.

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.

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

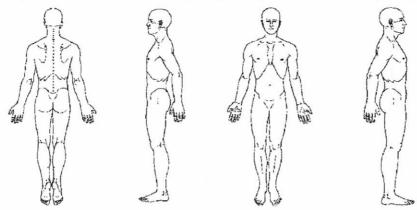
Please tick the boxes below - after you read and agree with each statement:

- ☐ I understand there are possible significant risks, complications and side-effects to any treatment I receive.
- In know that the therapist and I both have the right to refuse or stop any treatment at any time.
- \square 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 Name: MARTIN TOHN MATER Date: 11 /7/2013

SOAP = SUBJECTIVE (clients states) OBJECTIVE (therapist observations, treatment) ANALYSIS (what worked, didn't) PLAN (plans for next session, advice, goals)
TOTAPS = TALK (history/area/symptoms) OBSERVE (signs) TOUCH (Palpate) ACTIVE Movement (Client's ROM) PASSIVE Movement SKILLS Test (client co-ordination)
Head (chin/ears) Trunk (spine) Shoulder (height/pro-retract) Arms (elbows/forearms/wrist/fingers) Hips (tilt) Knees (level) Ankles (toes/in-evert).
Movement Check: Flexion/Extension/Lateral Flexion/Rotation (internal/external)/Abduction/Adduction/Pronation/Pronation/Eversion/Inversion



OBSERVATION/PALPATION/ASSESSMENT Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed:

TREATMENT NO .	s= Chent	been	fæling	xgh	tnen	in show	uders	
DATE: 11.07.201. TIME: 12.20 PAID: 255 \$75 REC.No: 165/ AIR TEMP: 25 MUSIC: 12.10 FACE CREST: 12.10 SUPINE SCENT: 12.10 OIL BLEND: 12.10 HT 12.10 CST 2.10 EXTRA NEXT APPT:		m ch	ent get	som	Full Body ARMS Pro Fx Tray Talked ROM 75 FBACK	STOMACH STO	LEGS /ham/;	Nam
2	S- 014 n 4 . 1	been	feeling	220	0 10 1	1. 100		
TREATMENT NO	s= Ment	o Cen	Henry	son		n regio	n	
DATE: 14.08.2013 TIME: 5pm PAID: 585 h v REC.No: 2.728 AIR TEMP: 25 MUSIC: 12 Aug 9 FACE CREST: 2 SUPINE SCENT: 400 OIL BLEND: 2 Aug OIL BLEND: 2 Aug OIL BLEND: 2 Aug CST (1) Face HST 2x 4x 2x 6aug					Full Body ARMS - Pro TP - ho Fx - 735	ght peasts green tight yp tender stomach ne supineMs mb/g/mod/ 191/AC/ would the aft aft	LEGS Ham I'm	Thoughout the Breathin
EXTRA	r= Fest	improve	ment.	discuss	sid si	bretching to	help	
TREATMENT NO. 3 DATE: 04 V2 3243 TIME# 3332 \$ 76	s= Chens Neck didn't show.	been s	ling sterne	d ni	O/A:			
PAID: SUBMANAREC.NO: INV. AIR TEMP: 25- MUSIC: ENGG FACE CREST: AURO SUPINE SCENT: AURO OIL BLEND: ROLLANDS HT ELL FAR CST D FAIR HST 2112 2 A BUCK	arke and a second				Paps Pels Destor Rhon ARMS - Pro TP - ho Fx oct Talked ROM 15e	Short Tr ds Tight b Nghon stomach ne Supine Ms	ham /	<u>('.</u>
EXTRANEXT APPT:	P = 1500	ssed u	sing head.	to he	of rela	X		

TREATMENT NO. 4	s= Chent	bcer	reelin	p fen	der in body after
DATE: TIME: PAID:		Chie	ut relax		O/A: Pers shof mit tense Devoces hoht Estables hohes Estables hohe
TREATMENT NO . 5	s= Went	se bee	al feeli	ne tre	of after his negative
DATE: /5 68 /4 TIME: 999 PAID: /hv. REC NO: 3407 MP. TACE CREST: AW SUPINE SCENT: Jem OIL BLEND: Flage HT Feet Face CST A Face HST J LA EXTRA NEXT APPT:					O/A: My term - Oly typy Detroids tight few thout Cs hight traps up hight Rhomb region cons Full Body STOMACH ARMS Prone Supine SLEGS TP chamb / g med than / raps Fx our raps / & neaps Talked Quiet ROM 1810 > Ms FBACK fest better 7 Ms t - discussed physics
TREATMENT NO.	s= <u>Quen</u>	t be	en steel	as the	in now his body
DATE: 00.10.14. TIME: PAID: \$83.64V REC.No: 46.6 AIR TEMP: 45 MUSIC: 16.44V FACE CREST: 16.4V SUPINE SCENT: 16.44V OIL RLEND: 16.44V CST (A) FALE					O/A: Fees fight Pers fight Destorals hight Dass hight Established Stomach Phone Supine MS LEGS TP Homb Igned ham trap Fx Talked Quiet Amed Breathing ROM TSeed > MS
EXTRA	P= Revo	m ç	hent 1	rock of	Getting more sleep -
TREATMENT NO . 7	s= Chent	been	v Feel	in to	Haers a shoulder 16-
DATE: 24-03-16 TIME: PAID: PAI	P= Recom	che	est Ares	th out	O/A) FELS taut Traps up hydy Settouch Traps up hydy Full Body STOMACH ARMS Prone Supine TP Monte (Med ham Kap) Fx Occ Traps/ Supine Talked Quiet ROM Jed Monte Charles FBACK feet better my MALL MS

TREATMENT NO.	s= Chent	- be	en Re	elie ;	tophous when
DATE: 0 07 6 TIME: PAID: REC.No: NB YATA AIR TEMP: MUSIC: FACE CREST: 0 SUPINE SCENTS UM OIL BLEND: COM HT PLICAM CST HST AFFUL EXTRA NEXT APPT:	P= 20ng	day		report	O/A: Federals Aght Stopp Fedo taut Phone Stopped SLEGS TP home One of Fx xc/ Tapp// Yappan FBACK fest Coller ms Tage Mercue In pain
TREATMENT NO	S =				
DATE:	P =				O/A: □ Full Body □ STOMACH
TREATMENT NO	S =				
DATE: TIME: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: OIL BLEND: HT CST HST EXTRA NEXT APPT:	P =				O/A: Full Body
TREATMENT NO	S =				
DATE: TIME: PAID: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: OIL BLEND: HT CST HST EXTRA NEXT APPT:	P =				O/A:

	1			
TREATMENT NO .	S= CLOAN	erel		
DATE: 2 3 8 TIME: 3 4 0 PAID: 6V REC.NO: AIR TEMP: 2 3 MUSIC: GU (10 x 5x 5	s= gen Martin	Junior Junior	O/A:	LEGSBreathing
EXTRA_NEXT APPT:	P = Hard pre	SSUK	FBACK	



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