

Mr Luke Bruce

DOB 7 Jul 1977

Appointments

Date	Time	Type	Practitioner
29 Aug 2024	1:00PM – 2:00PM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Initial Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 29 Aug 2024, 1:00PM  
**Created:** 29 Aug 2024, 3:58PM  
**Last updated:** 29 Aug 2024, 4:04PM

Initial Consultation - Remedial Massage Appointment

Presenting complaint (relevant medical history or client info)

What's going on now - client very sore lower back, tight hammies and quads. Vertebral slump test.

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.  
ROM - restricted  
Anything noteworthy - yes  
Anything specific to massage (E.g. no foot massage) - prefers hard pressure, very hairy legs  
  
Client had any previous treatment elsewhere? Yes in Melbourne a year ago  
  
Any Red Flags - disc bulges, seen medical doctors and physios

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

Injury; Red Flags

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

Treatment details - what was done today to help the client

Pressure used - 4-5 elbows  
Hot Stones - 2 x Hips and 2 x Back/Shoulders  
Hot Wet Towels - Feet / Face  
Hot Pack - Lower Body  
Topical Treatment - Fisiocrem / Zen / Balm  
Music - Mod girls music  
Aromatherapy Massage oil - Lavender/Peppt  
Spritzer - tea tree eucalyptus

FB with psoas TP release, remedial techniques on legs and back and shoulders

**What parts of the body were massaged?** Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - quick prone stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses

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

#### Body Chart

**Feedback after treatment -** Felt good, stiff getting up

**Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)** Discussed how massage can help

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

**Time in Sauna (minutes) -**

**Feedback after treatment -**

## Patient Forms

### New Client Record

**Practitioner:** Christine Jervis  
**Appointment:** 29 Aug 2024, 1:00PM  
**Completed:** 28 Aug 2024, 5:51PM

#### About you...

**What's your health fund?** Hcf

**Occupation - how long?** Retired

**List your physical activities, hobbies, exercise or sport.** Lifting a toddler.

**Do you sit/stand for long hours? (E.g. car/desk)** Yes, sitting at a computer

**Medications - prescribed or natural** None

**Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.** 3 compressed vertebra in lower spine.

#### About Massage...

**How did you find out about our massage** ☐ Google ☐ Facebook ☐ Instagram ☐ Phonebook

<b>clinic?</b>	<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
<b>Who referred you? We use a client reward system - May we thank them?</b>	Rachel jessep
<b>What are your goals or reasons for getting massage?</b>	Relieve back tension
<b>Type of massage pressure you prefer?</b>	<input type="checkbox"/> Gentle <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Hard <input type="checkbox"/> Very Hard <input type="checkbox"/> Not sure? (We'll check at your massage)
<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"/> I am ok with all the above areas being massaged <input type="checkbox"/> Not sure? (We will discuss reasons for massaging different areas at your appointment)
<b>Do you experience headaches?</b>	<input checked="" type="checkbox"/> No <input 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"/> 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"/> Occasionally experience problems <input type="checkbox"/> Struggling most of the time <input checked="" type="checkbox"/> No problems - everything is working well
<b>Any falls or injuries to your sacrum, tailbone, head, ankles, feet, abdomen or lower back? These are important body balance areas.</b>	Just lower back pain
<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"/> Happens randomly - can be any time <input checked="" type="checkbox"/> Pain doing something specific. E.g. Bending over to touch toes. <input type="checkbox"/> All the time <input type="checkbox"/> Tender to touch <input type="checkbox"/> Dull pain <input type="checkbox"/> Aching or throbbing <input type="checkbox"/> Sharp pain <input checked="" type="checkbox"/> Stiffness <input checked="" type="checkbox"/> Muscle tightness <input checked="" 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 type="checkbox"/> Rest <input type="checkbox"/> Exercise <input checked="" type="checkbox"/> Stretching <input checked="" type="checkbox"/> Medication <input 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 checked="" type="checkbox"/> Asthma <input type="checkbox"/> Sinus <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Trouble sleeping or falling asleep <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteoporosis <input checked="" 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
<b>Any extra health details or info you'd like to share?</b>	
<b>Your consent...</b>  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 read 'Luke Bruce', written over a horizontal line.