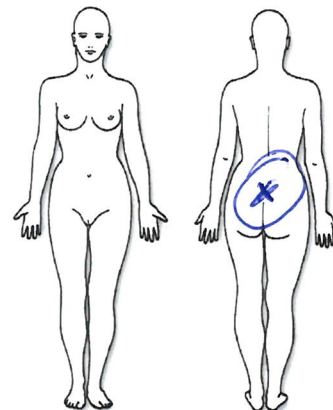


| Personal Information – your honest info helps plan the best treatment for you.   |  |   |  |
|--|--|---|--|
| Full Name <u>Louise Strubæk</u>  |  | Date of Birth <u>1-9-81</u>                   |  |
| Postal Address <u>7 Boombil Close, Mt Sheridan</u>   |  |   |  |
| Home Phone   | Work Phone                             | Mobile <u>0437 640151</u>                     |  |
| Email Address <u>louisestrubæk@hotmail.com</u>   |  |   |  |
| Emergency Contact Details – Name and Number <u>Josh McDermott (partner) 0439 640151</u>  |  |   |  |
| Occupation – how long? <u>Marketing M'ager</u>   | Current Doctor <u>Dr Chris Goodall</u> | Health Fund <u>CVA</u>                        |  |
| Who referred you? <u>Christine</u>   |  | May I thank them for referring you?<br>Yes No |  |
| Please circle: what is the fastest / best way to get a response from you? (E.g. when confirming a massage)<br><u>Text Message</u> Home Telephone Work Telephone Email Facebook Message |  |   |  |
| Physical activities / hobbies / exercise. Do you sit or stand for long hours? (E.g. computer/driving)<br><u>haven't exercised this pregnancy</u>                                       |  |   |  |
| Medications – prescribed or natural:   |  |   |  |
| Medical History (Operations / Illnesses / Accidents / Injuries)<br><u>Gestational Diabetes</u>   |  |   |  |
| 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: <u>Gentle</u> Firm Hard Very Hard  |  |   |  |

| Some conditions affect massage. Please tick and circle things below that apply to you NOW.   |  |
|--|--|
| <input type="checkbox"/>   | Allergies / Asthma / Sinus / Skin sensitivity  |
| <input type="checkbox"/>   | Any contagious disease / Cold / Flu  |
| <input type="checkbox"/>   | Anxiety / Depression   |
| <input type="checkbox"/>   | Arthritis / Bone or Spinal problems / Osteoporosis   |
| <input type="checkbox"/>   | Bruise Easily / Blood clotting problems (DVTs)   |
| <input type="checkbox"/>   | Cancer / Recent Illness / Surgery  |
| <input type="checkbox"/>   | Diabetes <input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2 <input checked="" type="checkbox"/> GESTATIONAL |
| <input type="checkbox"/>   | Dizziness / Numbness / Tingling / Cold hands / Cold feet   |
| <input type="checkbox"/>   | Fractured bones / Cuts / Burns   |
| <input type="checkbox"/>   | Headache <input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> PERSISTENT               |
| <input type="checkbox"/>   | Hearing or Vision problems / Hearing Aid / Contact lenses  |
| <input type="checkbox"/>   | Heart Problems / Blood Pressure <input type="checkbox"/> HIGH <input type="checkbox"/> LOW                               |
| <input type="checkbox"/>   | Pain <input type="checkbox"/> SHARP <input type="checkbox"/> DULL <input type="checkbox"/> ACHING                        |
| When is your pain worst? <input type="checkbox"/> MORNING <input type="checkbox"/> NIGHT <input type="checkbox"/> ALL THE TIME               |  |
| What relieves it? <input type="checkbox"/> ICE <input type="checkbox"/> HEAT <input type="checkbox"/> REST <input type="checkbox"/> MOVEMENT |  |
| <input type="checkbox"/> MEDICATION <input type="checkbox"/> TOPICAL CREAM <input type="checkbox"/> other -                                  |  |

Please circle any areas of soreness or pain on the body chart:



Any extra health details:

tailbone





**Pregnancy and birth history** - please enter info (or tick) for what applies to you.

How many pregnancies have you had? *this is 2nd*  
 Number of deliveries? *1* How long were your birth hours for each delivery? *5 hours*  
 How would you describe your experiences or feelings about your:  
 🤰 Pregnancy *first was easy, 2nd is more tiring about*  
 🤰 Labour/delivery *scary*  
 🤰 Post-partum recovery *fine*

Did you have any interventions / complications? *no*

**Please tick what applies to your experiences:**

|   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Natural Birth | <input type="checkbox"/> C-section   |
| <input type="checkbox"/> Water Birth              | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Epidural / Pethidine     | <input type="checkbox"/> Miscarriage |
| <input type="checkbox"/> Forceps / Ventouse       | <input type="checkbox"/> Ectopic     |

**Your current Pregnancy**

Number of weeks pregnant now *35* Approximate due date *8 July*  
 Have you noticed any swelling? ☐ ANKLES/FEET ☐ LEGS ☐ ARMS/HANDS ☐ FACE *feet are sore when I wear heels*  
 Have you had any heavy bleeding, cramps or abdominal pain? *no*  
 Is there any tenderness or unusual heat in your legs now? *no*  
 Do you have Varicose veins or Spider veins? ☐ No ☒ Yes - Where? *legs - spider*  
 Have you noticed any Stretchmarks? ☒ No ☐ Yes - Where?

**Menstrual and Fertility Conditions** – tick what applies to you

|   |   |
|---|---|
| <input type="checkbox"/> Painful Periods                          | <input type="checkbox"/> PCO (Polycystic ovaries)           |
| <input type="checkbox"/> Irregular Periods                        | <input type="checkbox"/> PCOS (Polycystic Ovarian Syndrome) |
| <input type="checkbox"/> Excessive Bleeding (>1pad/tampon per/hr) | <input type="checkbox"/> POF (Premature Ovarian Failure)    |
| <input type="checkbox"/> Fibroids                                 | <input type="checkbox"/> Endometriosis                      |
| <input type="checkbox"/> Painful Ovulation                        | <input type="checkbox"/> Failure to Ovulate                 |
| <input type="checkbox"/> Miscarriage (once)                       | <input type="checkbox"/> Low AMH                            |
| <input type="checkbox"/> Recurrent miscarriage                    | <input type="checkbox"/> Retroverted or inverted uterus     |
| <input type="checkbox"/> Other -                                  |   |

**Symptoms usually experienced prior to and during menstruation**

|  |   |
|--|---|
| <input type="checkbox"/> Lower back ache                       | <input type="checkbox"/> Change in bowels <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea                            |
| <input checked="" type="checkbox"/> Headaches                  | <input type="checkbox"/> Pain / numbness in legs <input type="checkbox"/> left leg <input type="checkbox"/> right leg                         |
| <input type="checkbox"/> Dizziness                             | <input type="checkbox"/> Cramps <input type="checkbox"/> left side <input type="checkbox"/> right side <input type="checkbox"/> lower abdomen |
| <input type="checkbox"/> Dragging sensation                    | <input type="checkbox"/> Dark thick blood at beginning of menstruation  |
| <input type="checkbox"/> Heaviness or pressure in lower pelvis | <input type="checkbox"/> Dark thick blood at the end of menstruation  |
| <input type="checkbox"/> Increased urination                   | <input type="checkbox"/> Blood clots  |
| <input type="checkbox"/> Anything else you notice -            |   |





### Reasons for your visit

Do you have any particular goals for your massage treatments?

relaxation

What is your primary concern? Does it interfere with your sleep, work, relationships or everyday life?

I am not sleeping well at the moment as I feel uncomfortable

### Final important personal questions...

Have you informed your doctor/health care practitioner about starting massage treatment? Yes ☐ No ☒

Have you undergone fertility treatment or taken a long time to get pregnant? NO.

Do have any digestive complaints? E.g. Constipation (going <1 per day), diarrhoea, hard or loose bowel movements, abdominal pain, bloating or discomfort.

Sometimes I feel ~~am~~ slightly constipated

How well is your bladder working? Any infections or bladder weakness, difficulty experiencing orgasms, trouble when you sneeze or do you need to urinate frequently?

urinate frequently

Any falls / injuries to your sacrum, tailbone or head?

NO.

Have you had any surgery on your abdomen / lower back?

NO.

Trauma is stored at a cellular level in the body and some massage techniques can affect your body's response (and your emotional state) so it's important for a therapist to understand your body's history. Have you witnessed or experienced any emotional abuse, physical abuse or trauma in your life?

NO.

Do you fall asleep easily and how well are you sleeping through the night?

Yes

### Please read, confirm and sign

- ☒ I understand massage treatment is not a replacement for medical care.
- ☒ Massage therapists do not diagnose illness/disease or perform thrust manipulations.
- ☒ I will keep my massage therapist updated on any changes to this information and my health.

Client Signature

*[Handwritten Signature]*

Date

3/6/19

Therapist Signature

*[Handwritten Signature]*

Date

3/6/19

**PLEASE READ THIS INFORMATION CAREFULLY**

**Every massage treatment has potential risks...**

Such as causing pain, muscular discomfort, fatigue, bruising, infection, burns (from heat therapy), feeling sleepy, fainting, aggravating existing conditions, creating an aromatic response (irritating/photo-sensitising skin), causing blood pressure changes or interacting with medications.

**To minimise possible risk, you must:**

**Be honest**

About all the information you provide regarding your health: especially for heart, kidney, immune or health problems or if you are pregnant/breastfeeding or trying to get pregnant. Massage should not be performed under certain medical conditions.

**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 or feel unwell at any stage during a treatment.

**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. Delay your shower for 2 hours to help essential oils keep working.

**Please read, confirm and sign**

- ☒ I understand there are possible significant risks, complications and side-effects to any treatment I receive.
- ☒ I know that the therapist and I both have the right to refuse or stop any treatment at any time.
- ☒ 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 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

**Client Signature**

*Louise Straker*

**Client Name**

*Louise Straker*

**Date** *3-6-19*



# POSTNATAL PACKAGE

Newborn babies are held and fed  
for around 40 hours each week...

loovise struber-  
her mum is  
having free  
care  
sonya struber

Birth is never easy.  
Babies are hard work.



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**Free 60 minute massage**

*Buy one massage - Get one massage free*

Louise Struber

DOB 1 Sep 1981  
Occupation Marketing Manager

Appointments

| Date        | Time              | Type                                      | Practitioner     |
|-------------|-------------------|---|------------------|
| 29 Jun 2025 | 4:30PM – 5:30PM   | 60 minute Massage                         | Christine Jervis |
| 23 Feb 2025 | 5:15PM – 6:15PM   | 60 minute Massage                         | Christine Jervis |
| 15 Jan 2025 | 5:15PM – 6:15PM   | REBOOKING - 60 minute Massage             | Christine Jervis |
| 17 Nov 2024 | 5:20PM – 6:20PM   | REBOOKING - 60 minute Massage             | Christine Jervis |
| 25 Sep 2024 | 5:10PM – 6:10PM   | REBOOKING - 60 minute Massage             | Christine Jervis |
| 8 Sep 2024  | 2:30PM – 3:30PM   | REBOOKING - 60 minute Massage             | Christine Jervis |
| 14 Jul 2024 | 4:15PM – 5:15PM   | REBOOKING - 60 minute Massage             | Christine Jervis |
| 5 May 2024  | 4:00PM – 5:00PM   | REBOOKING - 60 minute Massage             | Christine Jervis |
| 7 Apr 2024  | 1:00PM – 2:30PM   | 90 minute Massage                         | Christine Jervis |
| 29 Feb 2020 | 8:00AM – 9:00AM   | Massage COMPREHENSIVE Consultation REBOOK | Christine Jervis |
| 1 Feb 2020  | 10:00AM – 11:00AM | 60 minute Massage                         | Christine Jervis |
| 19 Oct 2019 | 11:15AM – 12:15PM | 60 minute Massage                         | Marina Franke    |
| 24 Jun 2019 | 9:30AM – 10:30AM  | Pregnancy Massage                         | Marina Franke    |
| 3 Jun 2019  | 4:00PM – 5:00PM   | 1. NEW CLIENT - First Massage             | Marina Franke    |

Treatment Notes

| Standard Consultation - Remedial Massage  |
|---|
| <p><b>Practitioner:</b> Christine Jervis<br/><b>Appointment:</b> 29 Jun 2025, 4:30PM<br/><b>Created:</b> 29 Jun 2025, 4:20PM<br/><b>Last updated:</b> 30 Jun 2025, 9:01AM</p> |

## Standard Consultation - Remedial Massage

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

What's going on now - client's been feeling tight in her shoulders and neck. Had 2 surgeries and got golden staff. Ok now. Needed to put towel under her chest for more support

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

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

Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce.

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

Verbal consent obtained.  
ROM - checked before, not after.  
Anything noteworthy - breast implants - watch positioning and comfort.  
Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.

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

Pressure used -Firm 2  
Hot Stones - 2 x Hips and 2 x Back/Shoulders  
Hot Wet Towels - Feet / Arms  
Hot Pack / Lower Body  
Topical Treatment - Fisiocrem shoulders. Loved.  
Music - Yanni if there  
Aromatherapy Massage oil - extreme sports  
Spritzer - Peppermint. Lavender. Tea Tree.

General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. Vasodilated rhomboids

### What parts of the body were massaged?

Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses

### Where any specific trigger points used?

Rhomboids; Upper Traps; Lev Scaps; Pecs

### Body Chart

### Feedback after treatment -

Felt good after treatment.

### Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)

Would like to see more regularly soon

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

### Time in Sauna (minutes) -

### Feedback after treatment -

## Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 23 Feb 2025, 5:15PM  
**Created:** 23 Feb 2025, 6:26PM  
**Last updated:** 23 Feb 2025, 6:30PM

## Standard Consultation - Remedial Massage

|  |   |
|--|---|
| <b>Presenting complaint (relevant medical history or client info)</b>  | What's going on now - client's been feeling tight in her shoulders and neck. Very sore body this month.   |
| <b>Medication or relevant procedures / info identified that may affect the massage.</b>                                |   |
| <b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>                     | Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce.  |
| <b>Assessment / Testing done (including ROM) / Observations</b>  | Verbal consent obtained.<br>ROM - checked before, not after.<br>Anything noteworthy - breast implants - watch positioning and comfort.<br>Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.  |
| <b>Treatment details - what was done today to help the client</b>  | Pressure used -Firm 2, worked some 3 on shoulders and neck<br>Hot Stones - 2 x Hips and 2 x Back/Shoulders<br>Hot Wet Towels - Feet / Arms<br>Hot Pack / Lower Body<br>Topical Treatment - Fisiocrem shoulders. Loved.<br>Music - Indian<br>Aromatherapy Massage oil - extreme sports<br>Spritzer - Peppermint. Lavender. Tea Tree.<br><br>General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. C vasodilated rhomboids |
| <b>What parts of the body were massaged?</b>   | Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses   |
| <b>Where any specific trigger points used?</b>   | Rhomboids; Upper Traps; Lev Scaps; Pecs   |
| <b>Body Chart</b>  |   |
| <b>Feedback after treatment -</b>  | Felt good after treatment.  |
| <b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b> | Would like to see more regularly soon   |



**Infra-Red Sauna (if applicable - info is below)****Time in Sauna (minutes) -****Feedback after treatment -****Standard Consultation - Remedial Massage****Practitioner:** Christine Jervis**Appointment:** 15 Jan 2025, 5:15PM**Created:** 16 Jan 2025, 3:55PM**Last updated:** 16 Jan 2025, 3:56PM**Standard Consultation - Remedial Massage****Presenting complaint (relevant medical history or client info)**

What's going on now - client's been feeling tight in her shoulders and neck. Very sore body this month.

**Medication or relevant procedures / info identified that may affect the massage.****Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-**

Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce.

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

Verbal consent obtained.  
ROM - checked before, not after.  
Anything noteworthy - breast implants - watch positioning and comfort.  
Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.

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

Pressure used -Firm 2, worked some 3 on shoulders and neck  
Hot Stones - 2 x Hips and 2 x Back/Shoulders  
Hot Wet Towels - Feet / Arms  
Hot Pack / Lower Body  
Topical Treatment - Fisiocrem shoulders. Loved.  
Music - Ian Cam Smoth and Ken Davis  
Aromatherapy Massage oil - Relax Lavender Peppermint.  
Spritzer - Peppermint. Lavender. Tea Tree.

General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. C vasodilated rhomboids

**What parts of the body were massaged?**

Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses

**Where any specific trigger points used?**

Rhomboids; Upper Traps; Lev Scaps; Pecs

**Body Chart**

|   |  |
|---|--|
| Feedback after treatment -  | Felt good after treatment.                 |
| Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches) | Would like to see fortnightly on holidays. |
| Infra-Red Sauna (if applicable - info is below)   |  |
| Time in Sauna (minutes) -   |  |
| Feedback after treatment -  |  |

|   |   |
|---|---|
| Standard Consultation - Remedial Massage  |   |
| Practitioner: Christine Jervis<br>Appointment: 17 Nov 2024, 5:20PM<br>Created: 17 Nov 2024, 6:47PM<br>Last updated: 17 Nov 2024, 6:49PM |   |
| Standard Consultation - Remedial Massage  |   |
| Presenting complaint (relevant medical history or client info)  | What's going on now - client's been feeling tight in her shoulders and neck. Sore from resuming exercise at air tank. Very sore body this month.  |
| Medication or relevant procedures / info identified that may affect the massage.  |   |
| Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-   | Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce.  |
| Assessment / Testing done (including ROM) / Observations  | Verbal consent obtained.<br>ROM - checked before, not after.<br>Anything noteworthy - breast implants - watch positioning and comfort.<br>Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.  |
| Treatment details - what was done today to help the client  | Pressure used -Firm 2, worked some 3 on shoulders and neck<br>Hot Stones - 2 x Hips and 2 x Back/Shoulders<br>Hot Wet Towels - Feet / Arms<br>Hot Pack / Lower Body<br>Topical Treatment - Fisiocrem shoulders. Loved.<br>Music - Miyagi<br>Aromatherapy Massage oil - Relax Lavender Peppermint.<br>Spritzer - Peppermint. Lavender. Tea Tree.<br><br>General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. C vasodilated rhomboids |

|  |   |
|--|---|
| <b>What parts of the body were massaged?</b>   | Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses |
| <b>Where any specific trigger points used?</b>   | Rhomboids; Upper Traps; Lev Scaps; Pecs   |
| <b>Body Chart</b>  |   |
| <b>Feedback after treatment -</b>  | Felt good after treatment. Enjoyed.   |
| <b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b> | See fortnightly on holidays   |
| <b>Infra-Red Sauna (if applicable - info is below)</b>   |   |
| <b>Time in Sauna (minutes) -</b>   |   |
| <b>Feedback after treatment -</b>  |   |

|   |  |
|---|--|
| <b>Standard Consultation - Remedial Massage</b>   |  |
| <b>Practitioner:</b> Christine Jervis<br><b>Appointment:</b> 25 Sep 2024, 5:10PM<br><b>Created:</b> 25 Sep 2024, 6:35PM<br><b>Last updated:</b> 25 Sep 2024, 7:49PM |  |
| <b>Standard Consultation - Remedial Massage</b>   |  |
| <b>Presenting complaint (relevant medical history or client info)</b>   | What's going on now - client's been feeling tight in her shoulders and neck. Sore from resuming exercise.  |
| <b>Medication or relevant procedures / info identified that may affect the massage.</b>   |  |
| <b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>  | Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce.   |
| <b>Assessment / Testing done (including ROM) / Observations</b>   | Verbal consent obtained.<br>ROM - checked before, not after.<br>Anything noteworthy - breast implants - watch positioning and comfort.<br>Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels. |
| <b>Treatment details - what was done today to help the client</b>   | Pressure used -Firm 2.<br>Hot Stones - 2 x Hips and 2 x Back/Shoulders<br>Hot Wet Towels - Feet / Face<br>Hot Pack / Lower Body<br>Topical Treatment - Fisiocrem shoulders<br>Music - Ian Cam Smith.   |



|  |  |
|--|--|
|  | <p>Aromatherapy Massage oil - Relax Lavender Peppermint.</p> <p>Spritzer - Peppermint. Lavender. Tea Tree.</p> <p>General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. C vasodilated rhomboids</p> |
| <b>What parts of the body were massaged?</b>   | Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses  |
| <b>Where any specific trigger points used?</b>   | Rhomboids; Upper Traps; Lev Scaps; Pecs  |
| <b>Body Chart</b>  |  |
| <b>Feedback after treatment -</b>  | Felt good after treatment. Enjoyed. Thanked me many times.   |
| <b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b> | See in another couple of weeks when school is back.  |
| <b>Infra-Red Sauna (if applicable - info is below)</b>   |  |
| <b>Time in Sauna (minutes) -</b>   |  |
| <b>Feedback after treatment -</b>  |  |

### Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 8 Sep 2024, 2:30PM  
**Created:** 9 Sep 2024, 4:49AM  
**Last updated:** 9 Sep 2024, 4:52AM

### Standard Consultation - Remedial Massage

|  |   |
|--|---|
| <b>Presenting complaint (relevant medical history or client info)</b>                              | What's going on now - client's been feeling tight in her shoulders and neck .   |
| <b>Medication or relevant procedures / info identified that may affect the massage.</b>            |   |
| <b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b> | Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce.  |
| <b>Assessment / Testing done (including ROM) / Observations</b>                                    | <p>Verbal consent obtained.</p> <p>ROM - checked before, not after.</p> <p>Anything noteworthy - breast implants - watch positioning and comfort.</p> <p>Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.</p> |
| <b>Treatment details - what was done today</b>   | Pressure used -Firm 2.  |

|   |   |
|---|---|
| to help the client  | Hot Stones - 2 x Hips and 2 x Back/Shoulders<br>Hot Wet Towels - Feet / Face<br>Hot Pack / Lower Body<br>Topical Treatment - Fisiocrem shoulders<br>Music - enja<br>Aromatherapy Massage oil - Relax Lavender Peppt<br>Spritzer - Joyful.<br><br>General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. C vasodilated rhomboids |
| What parts of the body were massaged?   | Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses   |
| Where any specific trigger points used?   | Rhomboids; Upper Traps; Lev Scaps; Pecs   |
| Body Chart  |   |
| Feedback after treatment -  | Felt good after treatment. Enjoyed.   |
| Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches) | See in 2 weeks - kids going away for holidays   |
| Infra-Red Sauna (if applicable - info is below)   |   |
| Time in Sauna (minutes) -   |   |
| Feedback after treatment -  |   |

|   |  |
|---|--|
| Standard Consultation - Remedial Massage  |  |
| Practitioner: Christine Jervis<br>Appointment: 14 Jul 2024, 4:15PM<br>Created: 14 Jul 2024, 3:53PM<br>Last updated: 14 Jul 2024, 5:38PM |  |
| Standard Consultation - Remedial Massage  |  |
| Presenting complaint (relevant medical history or client info)  | What's going on now - client's been feeling tight.   |
| Medication or relevant procedures / info identified that may affect the massage.  |  |
| Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-   | Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce. |
| Assessment / Testing done (including  | Verbal consent obtained.   |

|  |  |
|--|--|
| <b>ROM) / Observations</b>   | <p>ROM - checked before, not after.</p> <p>Anything noteworthy - breast implants - watch positioning and comfort.</p> <p>Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.</p>  |
| <b>Treatment details - what was done today to help the client</b>  | <p>Pressure used -Firm 2.</p> <p>Hot Stones - 2 x Hips and 2 x Back/Shoulders</p> <p>Hot Wet Towels - Feet / Face</p> <p>Hot Pack / Lower Body</p> <p>Topical Treatment - Fisiocrem shoulders</p> <p>Music - Yanni of there</p> <p>Aromatherapy Massage oil - Relax Lavender</p> <p>Spritzer - Joyful.</p> <p>General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. C vasodilated rhomboids</p> |
| <b>What parts of the body were massaged?</b>   | <p>Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses</p>   |
| <b>Where any specific trigger points used?</b>   | Rhomboids; Upper Traps; Lev Scaps; Pecs  |
| <b>Body Chart</b>  |  |
| <b>Feedback after treatment -</b>  | Felt good after treatment. Neck very tight.  |
| <b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b> | Discussed getting some regular massage   |
| <b>Infra-Red Sauna (if applicable - info is below)</b>   |  |
| <b>Time in Sauna (minutes) -</b>   |  |
| <b>Feedback after treatment -</b>  |  |

### Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 5 May 2024, 4:00PM  
**Created:** 5 May 2024, 6:25PM  
**Last updated:** 5 May 2024, 6:29PM

### Standard Consultation - Remedial Massage

**Presenting complaint (relevant medical history or client info)** What's going on now - client's legs been a bit sore.

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



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| <b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>                     | Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce.  |
| <b>Assessment / Testing done (including ROM) / Observations</b>  | Verbal consent obtained.<br>ROM - checked before, not after.<br>Anything noteworthy - breast implants - watch positioning and comfort.<br>Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.  |
| <b>Treatment details - what was done today to help the client</b>  | Pressure used -Firm 2.<br>Hot Stones - 2 x Hips and 2 x Back/Shoulders<br>Hot Wet Towels - Feet / Face<br>Hot Pack / Lower Body<br>Topical Treatment - Fisiocrem shoulders<br>Music - Yanni of there<br>Aromatherapy Massage oil - Relax Lavender<br>Spritzer - Joyful.<br><br>General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. C vasodilated rhomboids |
| <b>What parts of the body were massaged?</b>   | Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses   |
| <b>Where any specific trigger points used?</b>   | Rhomboids; Upper Traps; Lev Scaps; Pecs   |
| <b>Body Chart</b>  |   |
| <b>Feedback after treatment -</b>  | Felt good after treatment   |
| <b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b> | Finished the 5am club. Wants fortnightly massage  |
| <b>Infra-Red Sauna (if applicable - info is below)</b>   |   |
| <b>Time in Sauna (minutes) -</b>   |   |
| <b>Feedback after treatment -</b>  |   |

### Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 7 Apr 2024, 1:00PM  
**Created:** 7 Apr 2024, 3:39PM  
**Last updated:** 7 Apr 2024, 3:43PM

## Standard Consultation - Remedial Massage

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

What's going on now - client's shoulders/neck sore.

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

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

Breast implants. Cancer cells detected and removed 5 weeks ago in breast. Separated and going through a divorce.

May change her job to earn more money. Been offered a different job.

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

Verbal consent obtained.  
ROM - checked before, not after.  
Anything noteworthy - breast implants - watch positioning and comfort.  
Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.

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

Pressure used -Firm 2.  
Hot Stones - 2 x Hips and 2 x Back/Shoulders  
Hot Wet Towels - Feet / Face  
Hot Pack / Lower Body  
Topical Treatment - Fisiocrem shoulders  
Music - Yanni of there  
Aromatherapy Massage oil - Relax Lavender  
Spritzer - Joyful.

General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. C vasodilated rhomboids

### What parts of the body were massaged?

Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses

### Where any specific trigger points used?

Rhomboids; Upper Traps; Lev Scaps; Pecs

### Body Chart

### Feedback after treatment -

Felt good after massage. Chatted before appt about separation.

### Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)

Reading the 5am club and getting inspired.

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

### Time in Sauna (minutes) -

### Feedback after treatment -

## Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 1 Feb 2020, 10:00AM  
**Created:** 2 Feb 2020, 3:54AM  
**Last updated:** 2 Feb 2020, 3:59AM

## Standard Consultation - Remedial Massage

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| <b>Presenting complaint (relevant medical history or client info)</b>  | What's going on now - client's shoulders/neck sore (history of L pain). Sore from breastfeeding and holding baby - very clingy baby. Different to her first child.<br>Feedback from previous treatment - felt good, taken her a while to get in again.   |
| <b>Medication or relevant procedures / info identified that may affect the massage.</b>                                |  |
| <b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>                     | Breast implants.   |
| <b>Assessment / Testing done (including ROM) / Observations</b>  | Verbal consent obtained.<br>ROM - checked before, not after.<br>Anything noteworthy - breast implants - watch positioning and comfort.<br>Anything specific to massage (E.g. no foot massage) -No. Slight build. Don't wet hair or face with hot towels.   |
| <b>Treatment details - what was done today to help the client</b>  | Pressure used -Firm 2.<br>Hot Stones - 2 x Hips and 2 x Back/Shoulders<br>Hot Wet Towels - Feet / Arms & Hands<br>Hot Pack - Upper Body / Lower Body<br>Topical Treatment - Fisiocrem shoulders<br>Music - Yanni<br>Aromatherapy Massage oil - Pregnancy blend - Mand/tang.<br>Spritzer - Frank.<br><br>General relaxation massage with remedial techniques on her shoulders / neck. Lots of upper body tension. |
| <b>What parts of the body were massaged?</b>   | Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Face / sinuses  |
| <b>Where any specific trigger points used?</b>   | Rhomboids; Upper Traps; Lev Scaps; Pecs  |
| <b>Body Chart</b>  |  |
| <b>Feedback after treatment -</b>  | Felt good after massage - looked much calmer.  |
| <b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b> | Discussed how hard motherhood is and what a challenge it is. Discussed how regular massage can help.   |

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



Time in Sauna (minutes) -

Feedback after treatment -

## Standard Consultation - Remedial Massage

**Practitioner:** Marina Franke**Appointment:** 19 Oct 2019, 11:15AM**Created:** 19 Oct 2019, 12:20PM**Last updated:** 21 Oct 2019, 9:21PM

## Standard Consultation - Remedial Massage

**Presenting complaint (relevant medical history or client info)**What's going on now - post natal massage, neck and shoulders sore from breastfeeding  
Feedback from previous treatment - :) pregnancy**Details of Medications / Red Flags etc (i.e. conditions listed above)-****Medication or relevant procedures / info identified that may affect the massage.****Details of Medications / Red Flags etc (i.e. conditions listed above)-****Assessment / Testing done (including ROM) / Observations**Verbal consent obtained.  
ROM -  
Anything noteworthy -  
Any precautions / Red Flags -

Anything specific to massage - E.g. no foot massage

**Treatment details - what was done today to help the client**Pressure used -firm to hard  
Hot Stones -4  
Hot Wet Towels -2  
Cupping area -  
Topical Treatment -  
Music - Ian CS  
Aromatherapy - tang/ mand**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; Glutes

**Body Chart****Feedback after treatment -****Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)**

She would like weekly massage

**Infra-Red Sauna (if applicable - info is below)****Time in Sauna (minutes) -****Feedback after treatment -****Standard Consultation - Pregnancy Massage****Practitioner:** Marina Franke**Appointment:** 24 Jun 2019, 9:30AM**Created:** 24 Jun 2019, 9:30AM**Last updated:** 24 Jun 2019, 10:59AM**Standard Consultation - Pregnancy Massage Appointment****Presenting complaint (relevant medical history or client info)**

What's going on now -twisted R ankle 5/7, swollen but ok now.  
 Number of weeks' pregnant @ this visit -38  
 Feedback from last massage treatment - :)

**Medication or relevant procedures / info identified that may affect the massage.****Details of Medications / Red Flags etc (i.e. conditions listed above)-****Assessment / Testing done (including ROM) / Observations**

Verbal consent obtained.  
 ROM -  
 Identify any precautions (Red Flags) -  
 Anything noteworthy -  
 Anything specific to massage (E.g. no foot massage)

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

Pressure used -firm  
 Hot Stones -4  
 Hot Wet Towels -2  
 Cupping area -  
 Topical Treatment -fisiocrem R ankle  
 Music - Ian CS  
 Aromatherapy -apricot with mandarin and tangerine

**What parts of the body were massaged?**

Full Body Treatment; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - side-lying; Legs - side-lying; Feet; Head / scalp; Face / sinuses

**Where any specific trigger points used?**

Glutes

**Body Chart****Feedback after treatment -**

loved it, relaxed

**Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)**

## Pregnancy Care

Resources shared with client

pregnancy FOM pack

### Initial Consultation - Pregnancy Massage

**Practitioner:** Marina Franke**Appointment:** 3 Jun 2019, 4:00PM**Created:** 3 Jun 2019, 3:55PM**Last updated:** 5 Jun 2019, 4:08PM

### Initial Consultation - Pregnancy Massage Appointment

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

What's going on now - coccyx pain, otherwise good  
 Number of weeks' pregnant @ this visit - 35  
 Any previous treatment -

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

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

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

Verbal consent obtained.  
 ROM -  
 Anything specific to massage - E.g. no foot massage  
 Anything noteworthy -  
 Identify any precautions (Red Flags) -

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

Pressure used -  
 Hot Stones -4  
 Hot Wet Towels -2  
 Cupping area -  
 Topical Treatment -  
 Music -songs for guy mix  
 Aromatherapy -almond and mandarin

**What parts of the body were massaged?**

**Where any specific trigger points used?**

**Body Chart**

**Feedback after treatment -**

**Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)**

## Pregnancy Care

Pregnancy Oil Blend made for client

almond and mandarin



Resources shared with client

Bounty bag

Patient Forms

There are no patient forms for Louise Struber.