

Master Jacob Majer

Occupation School
Student

Appointments

Date	Time	Type	Practitioner
1 Jul 2025	2:30PM – 3:30PM	60 minute Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 1 Jul 2025, 2:30PM

Created: 1 Jul 2025, 3:29PM

Last updated: 2 Jul 2025, 9:10AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client all good, holidays

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 toy
Anything noteworthy - no, tall build
Anything specific to massage (E.g. no foot massage) - ticklish body (legs and arms)

Treatment details - what was done today to help the client

Pressure used - 2
Music - Ian Cam Smith
Aromatherapy Massage oil - Relax lav peppermint
Spritzer - Rose

Remedial techniques - Shoulders, back, ITBs. Jumped around a lot with ticklishness

Hot Pack

Lower Body

Hot Stones

2 x Hips; 2 x Back/Shoulders

Hot Wet Towels

Feet; Arms & Hands

Topical Treatment Upper arms/shoulders/neck	
What parts of the body were massaged?	Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; TFLs
Body Chart	
Feedback after treatment -	Enjoyed massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed exercise and massage
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record	
Practitioner: Christine Jervis Appointment: 1 Jul 2025, 2:30PM Completed: 1 Jul 2025, 12:33PM	
About you...	
What's your health fund?	Medibank private
Occupation - how long?	School student
List your physical activities, hobbies, exercise or sport.	Basketball Cricket Golf
Do you sit/stand for long hours? (E.g. car/desk)	No
Medications - prescribed or natural	Na
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Na
About Massage...	
How did you find out about our massage	<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Phonebook

clinic?	<input type="checkbox"/> Massage Association <input type="checkbox"/> Health Professional (Doctor, Physio, Midwife) <input type="checkbox"/> Referral - word of mouth <input checked="" type="checkbox"/> Current/Previous Customer
Who referred you? We use a client reward system - May we thank them?	Na
What are your goals or reasons for getting massage?	Just to use up the voucher
Type of massage pressure you prefer?	<input type="checkbox"/> Gentle <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard <input type="checkbox"/> Not sure? (We'll check at your massage)
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"/> 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)
Do you experience headaches?	<input checked="" type="checkbox"/> No <input 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"/> 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
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?	<input checked="" type="checkbox"/> No pain - nothing hurts <input type="checkbox"/> Morning soreness <input type="checkbox"/> Night time pain <input type="checkbox"/> Happens randomly - can be any time <input 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 type="checkbox"/> Stiffness <input 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 type="checkbox"/> Heat <input type="checkbox"/> Rest <input type="checkbox"/> Exercise <input type="checkbox"/> Stretching <input 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 type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Trouble sleeping or falling asleep <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 checked="" type="checkbox"/> None of the above apply to me
Any extra health details or info you'd like to share?	Na
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.

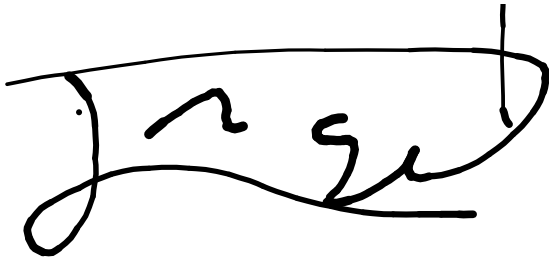
It's ok to discuss my treatment with my doctor, physio or referring health practitioner.

☒ 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 read 'J. Majer', written over a horizontal line.