

Jemma Mahlook

DOB13 May 1991

Appointments

Date	Time	Type	Practitioner
14 Dec 2024	1:30PM – 2:30PM	60 minute Massage	Christine Jervis
16 Nov 2024	1:30PM – 2:30PM	60 minute Massage	Christine Jervis
19 Oct 2024	1:30PM – 2:30PM	60 minute Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 16 Nov 2024, 1:30PM

Created: 16 Nov 2024, 2:43PM

Last updated: 16 Nov 2024, 4:42PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - stiff and sore shoulders, neck. Swimming going so well now that her skin is drying and getting Excema on elbows . Felt good for weeks afterwards

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

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

feet very stiff and sore when waking in the night (thinks it's arthritis) - it started after R foot bone broken. Gets excema

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.
ROM - limited esp neck
Anything noteworthy - Tight upper body
Anything specific to massage (E.g. no foot massage) - no, loves massage

Treatment details - what was done today to help the client

Pressure used - 2-3 firm
Music - Ian Cam and Ken Davis
Aromatherapy Massage oil - Lav Peppermint
Spritzer - Euc peppermint tea tree

Remedial techniques - shoulders, back, neck, stomach

Hot Pack

Lower Body

Hot Stones	2 x Hips; 2 x Back/Shoulders
Hot Wet Towels	Feet; Arms & Hands
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick 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; QLs; ITBs; Psoas
Body Chart	
Feedback after treatment -	Felt great after massage. Loved it.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	See in 4 weeks. Showed sternum lift.
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 19 Oct 2024, 1:30PM
Created: 19 Oct 2024, 2:40PM
Last updated: 19 Oct 2024, 6:25PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now - stiff and sore shoulders, neck, hips clunking, feet very stiff and sore when waking in the night (thinks it's arthritis) - it started after R foot bone broken.

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 -
Anything noteworthy -
Anything specific to massage (E.g. no foot massage) -

Treatment details - what was done today Pressure used - 2-3 firm

to help the client	Music - Yanni if there Aromatherapy Massage oil - Lav Peppermint Spritzer - Euc peppermint tea tree Remedial techniques - shoulders, back, neck, stomach
Hot Pack	Lower Body
Hot Stones	2 x Hips; 2 x Back/Shoulders
Hot Wet Towels	Feet; Arms & Hands
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick 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; QLs; ITBs; Psoas
Body Chart	
Feedback after treatment -	Felt great. Loved it.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	See in 4 weeks. Showed pec stretch.
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record - Women's Health	
Practitioner: Christine Jervis Appointment: 19 Oct 2024, 1:30PM Completed: 18 Oct 2024, 4:26PM	
About you...	
What's your health fund?	N/A
Occupation - how long?	Stay at home mum
List your physical activities, hobbies, exercise or sport.	CrossFit, running, walking, motherhood

Do you sit/stand for long hours? (E.g. car/desk)	Not prolonged
Medications - prescribed or natural	Nil
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Past operations- tonsils, breast augmentation, c-section 9 months pp - vaginal birth
About Massage...	
How did you find out about our massage clinic?	<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Phonebook <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
Who referred you? We use a client reward system - May we thank them?	Rachel Bruce
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)
What are your goals or reasons for getting massage?	To relieve tension and relax
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"/> Ok with above areas being massaged <input type="checkbox"/> Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y
Do you experience headaches?	<input type="checkbox"/> No <input checked="" 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"/> No problems - everything is working well <input type="checkbox"/> Discomfort with a whole mix of things happening <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Bloating <input checked="" 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"/> Struggling most of the time <input type="checkbox"/> Occasionally experience problems
Do you have any pain?	<input type="checkbox"/> No pain - nothing hurts <input checked="" type="checkbox"/> Morning soreness <input type="checkbox"/> Night time pain <input type="checkbox"/> Varies - can be any time <input type="checkbox"/> All the time <input type="checkbox"/> Hurts doing something specific. E.g. Bending over to touch toes. <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 checked="" 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 checked="" type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Trouble falling asleep <input type="checkbox"/> Trouble staying asleep through the night <input checked="" 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

- ☐ Hearing aid ☐ Vision problems ☐ Contact Lenses
☐ None of the above apply to me

Any extra health details or info you'd like to share?

Breastfeeding

Women's Health Check...

We focus on specialist care for women of all ages. Digestive and fertility health are strongly linked. Massage also helps with improved sleep, mental health and stress management.

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

No

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

C-section

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

Ok I think..

Menstrual and Fertility Conditions - please tick what applies to you...

- ☐ Painful Periods ☐ Irregular Periods
☐ Excessive Bleeding (>1pad/tampon per/hr) ☐ Fibroids
☐ Painful Ovulation ☐ Miscarriage (once) ☐ Recurrent miscarriage
☐ Currently doing Fertility Treatment. E.g. IVF. ☐ Trying to get pregnant now
☐ Postnatal Recovery ☐ PCO (Polycystic ovaries)
☐ PCOS (Polycystic Ovarian Syndrome) ☐ POF (Premature Ovarian Failure)
☐ Endometriosis ☐ Failure to Ovulate ☐ Low AMH
☐ Retroverted uterus ☐ Inverted uterus ☒ No problems that I know of

Symptoms experienced prior to and during menstruation

- ☒ I don't menstruate now ☐ Lower back ache ☐ Headaches
☐ Dizziness ☐ Dragging sensation ☐ Heaviness or pressure in lower pelvis
☐ Increased urination ☐ Constipation ☐ Diarrhoea
☐ Changes in my usual bowel movements ☐ Pain/numbness in right leg
☐ Pain/numbness in left leg ☐ Pain/numbness in both legs
☐ Cramps - lower abdomen ☐ Cramps - left side ☐ Cramps - right side
☐ Dark thick blood at beginning of menstruation
☐ Dark thick blood at the end of menstruation ☐ Blood clots
☐ None of the above happen during my period

Any female health details or info you'd like to share?

Have mirina in as contraception

Pregnancy, Birth and Postnatal Recovery

Trauma is stored at a cellular level in the body. Some massage techniques affect your body's response, especially if you've experienced emotional events or trauma. Massage creates a safe, supportive treatment space for all women to be nurtured.

Tick what applies to your birth experiences -

- ☐ No birth history to report ☒ Vaginal Birth ☐ Water Birth
☒ Epidural / Pethidine ☐ Forceps / Ventouse ☒ C-section
☐ Termination ☐ Miscarriage ☐ Ectopic

How many pregnancies have you had?

2

How many babies have you birthed?	2
Have you had any birth interventions or complications?	Yes C-section with first due to baby being stuck in pelvis
How long were your birth hours for each delivery?	27 & 3.5
Any other info you would like to share?	hemorrhaged with both births

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.

