



Personal Information		
Full Name <i>Jennie Bonetti</i>		Occupation
Postal Address <i>25 Diamond Street Mt Sheridan</i>		
Home Phone	Work Phone	Mobile <i>0413025109</i>
Email Address <i>jlbbonetti@hotmail.com</i>		
Please circle: what is the fastest / best way to get a response from you (e.g. when confirming a massage) <div> <div>Text Message</div> <div>Home Telephone</div> <div>Work Telephone</div> <div>Email</div> <div>Facebook Message</div> </div>		
Emergency Contact Name: <i>Vic Bonetti</i>	Emergency Contact Number: <i>0414274458</i>	Relationship to you (e.g. Partner). <i>Husband</i>
Is it ok to email you massage tax invoices? Please circle: Yes (please email) / No (please print)		Please circle if you use any of the following: Facebook / Twitter / Instagram / Pinterest / Linked In
Anything new about your health / medical history? (Allergies / injuries / accidents / surgery / medications)		
Client Signature <i>Jennie Bonetti</i>		Date <i>11.4.18</i>

☒ Office - Please tick after updated information is electronically entered

Full Name Jennie Bonetti D.O.B 9.1.55

Postal Address 7 Lenora Close Bayview Heights

Home Phone 40541010 Work _____ Mobile 0413025109

Email Address _____

Emergency Contact Details - Name and Number _____

Current Doctor Wendy Wall Referred By Daughter

Occupation and How long _____

Physical Activities/Hobbies/Exercise Walking

Past Medical History (major operations/conditions) _____

Medications - Prescribed or Natural: _____

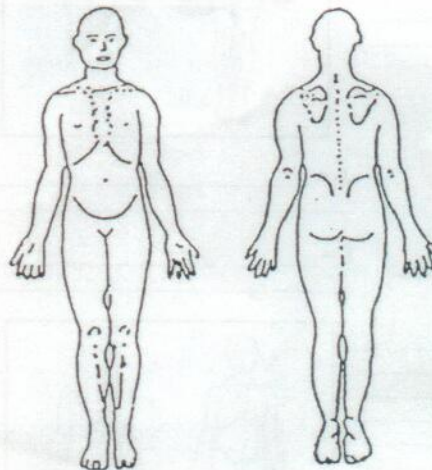
Tick any of the conditions below that apply to you **NOW**:

- | | |
|--|--|
| <input type="checkbox"/> Allergies / Asthma | <input type="checkbox"/> Fractured bones |
| <input type="checkbox"/> Any Contagious Disease | <input type="checkbox"/> Headache |
| <input checked="" type="checkbox"/> Any Skin Problem | <input checked="" type="checkbox"/> Heart / Blood Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Numbness / Tingling |
| <input checked="" type="checkbox"/> Blood Pressure | <input type="checkbox"/> Pregnant or Breastfeeding |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Recent Illness / Surgery |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Spinal / Back Problems |
| <input type="checkbox"/> Cold / Flu | <input type="checkbox"/> Sprained/strained muscles |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Varicose Veins |

Details regarding above selections:

eczema, low blood pressure,

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



Amount of Pain (1-10): _____

Massage may include several areas of the body. Please circle any areas you do NOT want massaged from the list below:

Face Head Chest Stomach Back Buttocks Arms Legs Feet

What type of massage pressure do you prefer? Light 1....2...(3)...4....5 Hard/Deep Tissue

CLIENT AUTHORISATION

I understand that

- The information provided above is used to help determine an appropriate massage treatment for me.
- It is my (the client's) responsibility to notify the clinic if changes occur regarding any details listed above.
- Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulation.
- Massage does not take the place of medical treatment where needed. If in doubt, please consult your doctor.

I agree to the Massage of: _____ (write the name of the client being Massaged)

Signature: _____ Date: _____

Client Record

SOAP = **SUBJECTIVE**: clients states, **OBJECTIVE**: therapists' observations, treatment, **ANALYSIS**: what worked, didn't, **PLAN**: what client will work on, plans for next session

PLEASE NOTE FOR FUTURE REFERENCE:

TREATMENT NO. 1

S = Client been feeling good - never had marriage before. Daughters in-law + son surprised her

DATE: 22 09.06

TIME: 330-on time

PAID: \$45 CASH

REC.No: 687

AIR TEMP: 23°C

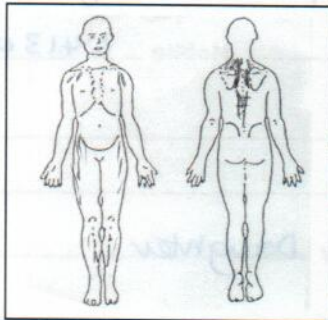
MUSIC: Enya I

FACE CREST: Jaw

OIL BLEND: Relax

VI yillav

NEXT APPT: _____



O/A: HFs taut. Pecs taut. Quads - ticklish. Traps shortened and tight. Biceps ticklish. ES taut. Glutes tender + ticklish. Traps V-cong - esp lower. Upper traps shortened. Rhomb's tight with some adhes^{ns} esp R. Skin - v. vasodilated upper

FB(-stom) Heat trigger rhombocaput/glutes/ITBs/hamstrings/traps/lev scaps/Winged scap stiffly - elbow high. Neural arm + calf + hip - apple stretch. Scap + my client talked a little @ start then relaxed. said she was "floating on cloud 9" and would float home

P = _____

S = _____

TREATMENT NO. _____

DATE: _____

TIME: _____

PAID: _____

REC.No: _____

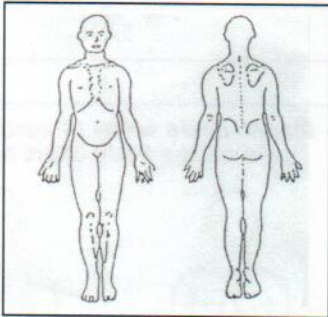
AIR TEMP: _____

MUSIC: _____

FACE CREST: _____

OIL BLEND: _____

NEXT APPT: _____



O/A: _____

P = _____

S = _____

TREATMENT NO. _____

DATE: _____

TIME: _____

PAID: _____

REC.No: _____

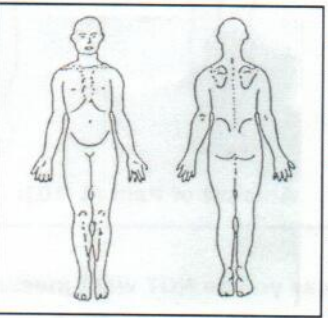
AIR TEMP: _____

MUSIC: _____

FACE CREST: _____

OIL BLEND: _____

NEXT APPT: _____



O/A: _____

P = _____

S = _____

TREATMENT NO. _____

DATE: _____

TIME: _____

PAID: _____

REC.No: _____

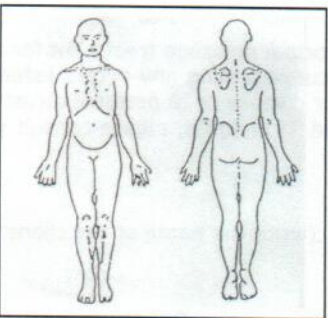
AIR TEMP: _____

MUSIC: _____

FACE CREST: _____

OIL BLEND: _____

NEXT APPT: _____



O/A: _____

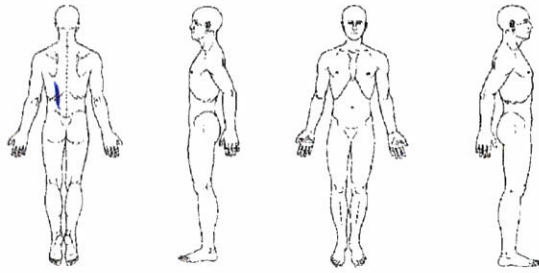
P = _____

TREATMENT NO. 2

DATE: 11/4/18
TIME: 3:40
PAID: \$88
REC.No: _____
AIR TEMP: 24
MUSIC: _____
FACE CREST: _____
SUPINE SCENT: lemon
OIL BLEND: _____
HT x 2
CST _____
HST x 4
EXTRA _____
NEXT APPT: _____

S= Relax. Had a few massages in Fiji

Jennife



O/A: ↑ ② upper QL
↑ ② general scaps etc.
gentle only *

☒ Full Body ☐ STOMACH
ARMS ☒ Prone ☐ Supine LEGS ☒
TP _____
Fx _____
☐ Talked ☒ Quiet _____ Breathing _____
ROM _____
FBACK _____

P= eczema -check EO's med press. low B. Press
gentle

Jennie Bonetti

DOB 9 Jan 1955

Appointments

Date	Time	Type	Practitioner
18 Apr 2024	11:00AM – 12:00PM	Gift Certificate - Book your Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 18 Apr 2024, 11:00AM

Created: 18 Apr 2024, 12:08PM

Last updated: 18 Apr 2024, 3:06PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now -clients body been sore
Looking after grandchildren away in Brisbane

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 today
Anything noteworthy - no
Anything specific to massage (E.g. no foot massage) - easy to bruise, delicate skin

Treatment details - what was done today to help the client

Pressure used - 2 firm
Music - Saxophone tunes
Aromatherapy Massage oil - Lavender
Spritzer - Rose joyful

Remedial techniques - FB +stomach. Gentle flush with some remedial work on shoulders and neck.

Hot Pack

Lower Body

Hot Stones

2 x Hips; 2 x Back/Shoulders

Hot Wet Towels

Feet; Face

Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Full Body Treatment; Stomach; 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; Lev Scaps
Body Chart	
Feedback after treatment -	Felt great after massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed getting some regular treatment
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: 18 Apr 2024, 11:00AM Completed: 22 Mar 2024, 10:47AM	
About you...	
What's your health fund?	ACA Health Benefits
Occupation - how long?	Retired
List your physical activities, hobbies, exercise or sport.	Babysitting a 3yo, gardening, bike riding when I get the chance
Do you sit/stand for long hours? (E.g. car/desk)	Not really
Medications - prescribed or natural	B12, calcium and vitamin D, echinacea/garlic/zinc/ vitamin C
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Injured back and neck many years ago
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?	Carlyn Bonetti
Type of massage pressure you prefer?	<input checked="" type="checkbox"/> Gentle <input 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?	Relaxation
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 checked="" 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"/> Struggling most of the time <input checked="" type="checkbox"/> Occasionally experience problems
Do you have any pain?	<input type="checkbox"/> No pain - nothing hurts <input type="checkbox"/> Morning soreness <input type="checkbox"/> Night time pain <input checked="" 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 checked="" type="checkbox"/> Heat <input checked="" type="checkbox"/> Rest <input type="checkbox"/> Exercise <input checked="" 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 checked="" type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Sinus <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Trouble falling asleep <input checked="" type="checkbox"/> Trouble staying asleep through the night <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteoporosis <input checked="" type="checkbox"/> Spinal problems <input type="checkbox"/> Swelling <input checked="" 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 checked="" 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 checked="" 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
Any extra health details or info you'd like to share?	

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, appendix

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

Yes trouble when I sneeze and need to urinate frequently

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?

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?

3

How many babies have you birthed?

2

Have you had any birth interventions or complications?

Second baby born 9 weeks premature

How long were your birth hours for each delivery?

Can't remember

Any other info you would like to share?

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.

Jennie Bonetti