

Jessica Piercy

DOB29 Jun 1990

Appointments

Date	Time	Type	Practitioner
15 Dec 2024	3:00PM – 4:00PM	Sauna & Massage	Christine Jervis
2 Nov 2024	1:30PM – 2:30PM	60 minute Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 15 Dec 2024, 3:00PM

Created: 15 Dec 2024, 2:57PM

Last updated: 15 Dec 2024, 4:12PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client had bleed last month so had to delay massage until now, L plantar fascia been sore.

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

Injury; Heart / Lung / Organ problem

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

Bladder problem - thought it was endo for 15years, surgery a couple of years ago hasn't changed her life. Off the pill now.

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.  
ROM - checked before  
Anything noteworthy -  
Anything specific to massage (E.g. no foot massage) - no, thin muscular build  
  
Gets monthly regular treatment from Colin and Kylie, prefers Kylie. Seeing Julie Hamyln.

Treatment details - what was done today to help the client

Pressure used - 2-3 firm  
Music - Ian Cam 2  
Aromatherapy Massage oil - Lav Peppermint  
Spritzer - Euc tea tree Peppermint  
  
Remedial techniques - shoulders, back, neck and legs. 7 mins on each leg plus some stomach massage

Hot Pack

Lower Body

Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face
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; Pecs
Body Chart	
Feedback after treatment -	Felt good after treatment, discussed getting regular treatment.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Showed stomach massage with circles and I love you strokes daily
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	22
Feedback after treatment -	Sweat a lot all over

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 2 Nov 2024, 1:30PM Created: 2 Nov 2024, 3:17PM Last updated: 2 Nov 2024, 3:21PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client had massage 6 weeks ago, stiff neck this week.
Medication or relevant procedures / info identified that may affect the massage.	Injury; Heart / Lung / Organ problem
Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-	Bladder problem - thought it was endo for 15years, surgery a couple of years ago hasn't changed her life. Off the pill now.
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - checked before Anything noteworthy - Anything specific to massage (E.g. no foot massage) - no, thin muscular build

	Gets monthly regular treatment from Colin and Kylie, prefers Kylie. Seeing Julie Hamyln.
<b>Treatment details - what was done today to help the client</b>	Pressure used - 2-3 firm Music - Enjya Aromatherapy Massage oil - Lav Peppermint Spritzer - Euc tea tree Peppermint  Remedial techniques - shoulders, back, neck and legs. 8 mins on each leg.
<b>Hot Pack</b>	Lower Body
<b>Hot Stones</b>	2 x Hips; 2 x Back/Shoulders; Cold stones on face
<b>Hot Wet Towels</b>	Feet; Face
<b>Topical Treatment</b>	Fisiocrem shoulders/neck
<b>What parts of the body were massaged?</b>	Full Body Treatment; Stomach; Neck / Shoulders; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; 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, discussed getting regular treatment and trying sauna
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Showed pec stretch
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

Patient Forms

<b>New Client Record - Women's Health</b>	
<b>Practitioner:</b> Christine Jervis <b>Appointment:</b> 2 Nov 2024, 1:30PM <b>Completed:</b> 14 Oct 2024, 8:15PM	
<b>About you...</b>	
<b>What's your health fund?</b>	Qld Country

<b>Occupation - how long?</b>	Accountant 10 years
<b>List your physical activities, hobbies, exercise or sport.</b>	Triathlon / ultra running *currently recovering from stress reaction in femoral head
<b>Do you sit/stand for long hours? (E.g. car/desk)</b>	Yes - sit mainly
<b>Medications - prescribed or natural</b>	Magnesium, B complex, Iron, Hair skin and nails, collagen, fish oil
<b>Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.</b>	Fracture interior acetabulum 2020 - hip left Stress reaction femoral head April 2024 - hip left
<b>About Massage...</b>	
<b>How did you find out about our massage clinic?</b>	<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
<b>Who referred you? We use a client reward system - May we thank them?</b>	
<b>Type of massage pressure you prefer?</b>	<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)
<b>What are your goals or reasons for getting massage?</b>	Aid recovery
<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"/> Ok with above areas being massaged <input type="checkbox"/> Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y
<b>Do you experience headaches?</b>	<input type="checkbox"/> No <input checked="" 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"/> No problems - everything is working well <input checked="" 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 type="checkbox"/> Occasionally experience problems
<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"/> 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 checked="" type="checkbox"/> Sharp pain <input type="checkbox"/> Stiffness <input checked="" type="checkbox"/> Muscle tightness <input type="checkbox"/> Restricted movement
<b>If your body hurts, what relieves it?</b>	<input type="checkbox"/> I have no pain to manage <input checked="" 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)
<b>Some conditions affect massage. We want to safely treat you. Tick what applies to</b>	<input 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 type="checkbox"/> Trouble staying asleep through the night

you -

☐ Arthritis☐ Osteoporosis☐ Spinal problems☐ Swelling☐ Bruise Easily☐ Blood clotting problems☐ Cancer☐ Diabetes Type 1☐ Diabetes Type 2☐ Dizziness☐ Numbness☐ Tingling☐ Cold hands / Cold feet☐ Heart Problems☐ Blood Pressure - high☐ Blood Pressure - low☐ 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?

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?

Endometriosis investigations- interstitial cystitis diagnosis

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

Diagnosed with interstitial cystitis

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.

Focus On Movement | Created 20 May 2025, 11:49AM

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**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?**

0

**How many babies have you birthed?**

0

**Have you had any birth interventions or complications?**

Na

**How long were your birth hours for each delivery?**

Na

**Any other info you would 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.**

