

Jill Emmans

DOB18 Feb 1969

Appointments

Date	Time	Type	Practitioner
2 May 2025	4:30PM – 5:30PM	60 minute Massage	Christine Jervis
19 Apr 2025	11:00AM – 12:00PM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 2 May 2025, 4:30PM

Created: 2 May 2025, 5:38PM

Last updated: 3 May 2025, 12:37PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client sore sometimes a 10 with Achilles pain.
Feedback from previous treatment - felt it was great, getting scans done next week.

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

Injury

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

History of health and body problems

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) - larger build, gets cramping in legs sometimes with massage

Treatment details - what was done today to help the client

Pressure used - 2-3 for
Music - tunes saxophone
Aromatherapy Massage oil - lav peppermint
Spritzer - Lav Pepp

Remedial techniques - shoulders, hips, back and legs

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; Side-lying Treatment; 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
Body Chart	
Feedback after treatment -	Felt good after massave
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	See in 2-3 weeks, needs scan and physio on foot

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

Time in Sauna (minutes) -

Feedback after treatment -

Initial Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 19 Apr 2025, 11:00AM

Created: 19 Apr 2025, 11:02AM

Last updated: 21 Apr 2025, 5:28PM

Initial Consultation - Remedial Massage Appointment

Presenting complaint (relevant medical history or client info)

What's going on now - client's neck feeling sore all over, esp R leg pain bothering her.

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.

ROM - checked, limited ROM.

Anything noteworthy - history of pain and trouble with her body

Anything specific to massage (E.g. no foot massage) - likes it all, calves sometimes used to cramp during massage.

Client had any previous treatment elsewhere? Not for a long time.

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

Prescription Medication; Allergies; Injury; Illness; Heart / Lung / Organ problem; Skin problem or infection

Details of Medications / Red Flags etc (i.e.

Any Red Flags - need diagnosis on foot, diabetes and blood pressure, struggled with low

conditions listed above)-	estrogen during menopause and childhood had skin problems
Treatment details - what was done today to help the client	Pressure used - 2-3 firm Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face / Arms & Hands Hot Pack - Lower Body Topical Treatment - Fisiocrem shoulders and back Music - Mod Girls Aromatherapy Massage oil - Pain blend extreme Spritzer - Relax
What parts of the body were massaged?	Full Body Treatment; Stomach; Side-lying Treatment; 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; Pecs
Body Chart	
Feedback after treatment -	Enjoyed massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Some advice on getting some regular massage and doing more investigative work if pain persists. Discussed chiropractic- recon Chris Herron
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 Apr 2025, 11:00AM Completed: 19 Apr 2025, 9:25AM	
About you...	
What's your health fund?	N/a
Occupation - how long?	School teacher
List your physical activities, hobbies, exercise or sport.	Gardening, water aerobics

Do you sit/stand for long hours? (E.g. car/desk)	Up and down
Medications - prescribed or natural	Lots for diabetes,blood pressure vitamins
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Significant heel pain broken toe knee pain neck pain
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 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?	Tina gibbons
Type of massage pressure you prefer?	<input type="checkbox"/> Gentle <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard <input checked="" type="checkbox"/> Not sure? (We'll check at your massage)
What are your goals or reasons for getting massage?	Relaxation and relieve pain
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 type="checkbox"/> Ok with above areas being massaged <input checked="" type="checkbox"/> Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y
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 checked="" 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 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 type="checkbox"/> Morning soreness <input type="checkbox"/> Night time pain <input checked="" type="checkbox"/> Varies - can be any time <input checked="" type="checkbox"/> All the time <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Rest <input type="checkbox"/> Exercise <input checked="" type="checkbox"/> Stretching <input checked="" 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 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 checked="" 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 checked="" 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?

Menopause

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?

Yes see above

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

Yes pcos ashermans syndrome menopause

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

Bit of leakage occasionally uti

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?

See above

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?

3

Have you had any birth interventions or complications?

Retained placenta multiple surgery to fix

How long were your birth hours for each delivery?

20; 7; 4

Any other info you would like to share?

First 2 babies at 23 and 35 years old ladt baby at 41

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.

