Massage — Aromatherapy, Remedial, Pregnancy and Infants, Sport, Aquatics

focus on movement

Remedial Massage Client Record

Full Name ROMA AH SEE **Date of Birth** 8-8-24

Postal Address 18 CORINDA ST. INNISFAIL

Home Phone 40611515 **Work** _____ **Mobile** _____

Email Address Romasee@bigpond.com **Health Fund** BUPA

Emergency Contact Details – Name and Number JENNIFER CAMPBELL 40336096

Current Doctor DR. DI PALMA **Referred By** JENNIFER CAMPBELL.

Occupation and how long HOUSEWIFE

Physical Activities/Hobbies/Exercise WALKING / TAI CHI

Medical History (operations/illnesses/accidents/injuries/# of children) TWO

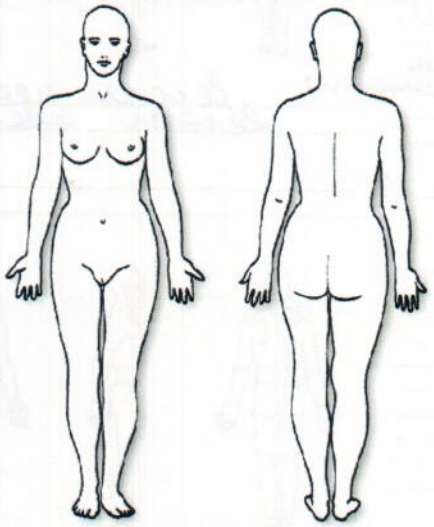
Medications – Prescribed or Natural: ARVHPRO - ASTRIC - INDEAL

Some conditions require your massage to be modified. Please tick all conditions below that apply to you NOW.

- ☐ Allergies / Asthma
- ☐ Any Contagious Disease / Skin Problem
- ☐ Arthritis
- ☑ Blood Pressure / Heart Problems
- ☑ Bruise Easily / Blood clotting problems / Varicose Veins
- ☐ Cancer
- ☐ Chronic Pain
- ☐ Constipation ☐ NOW ☑ SOMETIMES ☐ MOST OF THE TIME
- ☐ Diabetes ☐ TYPE 1 ☐ TYPE 2
- ☑ Dizziness
- ☐ Fractured bones
- ☐ Headache ☐ NOW ☐ SOMETIMES ☐ MOST OF THE TIME
- ☐ Numbness / Tingling
- ☐ Period Problems / Diagnosed female condition
- ☐ Pregnant / Trying to get pregnant / Breastfeeding
- ☑ Recent Illness / Surgery 2 CATHRACT
- ☐ Spinal / Back Problems or ☐ Sprained/strained muscles

Details _____

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



Amount of Pain (1-10): _____

Type (sharp, dull, aching etc) _____

When is the pain worst? _____

What relieves the pain? _____

Please circle any areas you DON'T want massaged: Face Head Chest Stomach Back Buttocks Arms Legs Feet

Please circle what type of massage pressure you prefer: Gentle Firm Hard Very Hard

All the information a client provides helps determine an appropriate massage treatment.
Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulation.

CLIENTS – if you develop any further complications/symptoms/problems or your details change, **PLEASE ADVISE ASAP.**

Signature: RomaSee **Date:** 27-8-2012.

massage aromatherapy hot stones pregnancy and infants remedial aquatics

focus on movement

Massage Informed Consent

PLEASE READ THIS INFORMATION CAREFULLY

Every massage treatment has potential risks; such as causing pain, bruising, infection, burns (from heat therapy), feeling sleepy, fainting, aggravating existing conditions, or creating an aromatic response (irritating/photo-sensitising skin, cause blood thinning, euphoria or interact with medications or homeopathic remedies).

To minimise possible risk, you must:

Be honest about the information you provide regarding your health: especially for heart/kidney/immune/health problems, if you're pregnant/breastfeeding

Tell your therapist if you have sensitive skin, bruise easily, have any known health problems, if the temperature becomes unbearable (too hot or cold), if the massage pressure level is too intense or if you become uncomfortable at any stage.

After treatment, it is common to feel relaxed or sleepy – please get up very slowly from the treatment table and give yourself time to adjust before driving/using stairs. Keep well hydrated with water especially in the 24-48 hours after treatment.

It may be necessary to discuss your condition and/or treatment with your doctor, physiotherapist or referring health care practitioner - you will be informed if this occurs. Do you agree to such discussion to improve your health?

☑ **Yes** ☐ **No**

Please tick the boxes below - after you read and agree with each statement:

☑ I understand there are possible significant risks, complications and side-effects to any treatment I receive.

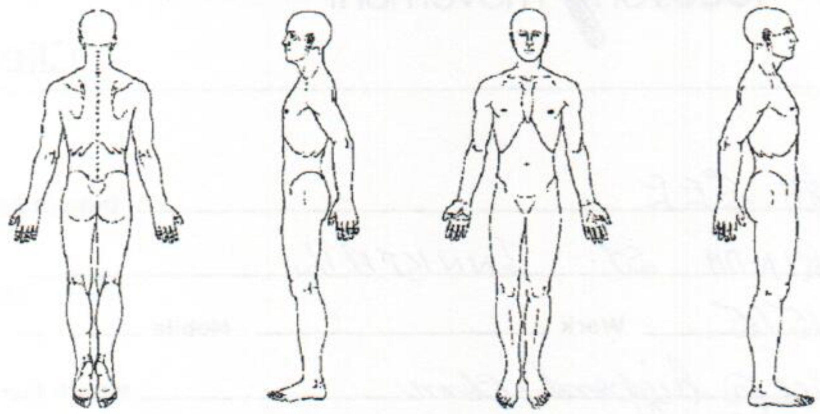
☑ I know that the therapist and I both have the right to refuse or stop any treatment at any time.

☑ I have the right to ask for further information or to refuse treatment of breast, buttock or groin areas.

☑ I agree to read the information brochure I will be given to take home at the end of my first treatment.

Your Signature: _____ Your Name: ROMA AH SEE Date: _____

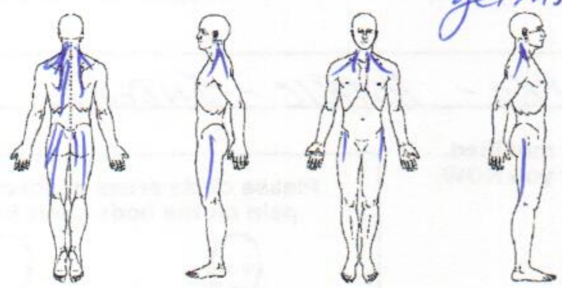
SOAP = SUBJECTIVE (clients states) **OBJECTIVE** (therapist observations, treatment) **ANALYSIS** (what worked, didn't) **PLAN** (plans for next session, advice, goals)
TOTAPS = TALK (history/area/symptoms) **OBSERVE** (signs) **TOUCH** (Palpate) **ACTIVE** Movement (Client's ROM) **PASSIVE** Movement **SKILLS** Test (client co-ordination)
Head (chin/ears) **Trunk** (spine) **Shoulder** (height/pro-retract) **Arms** (elbows/forearms/wrist/fingers) **Hips** (tilt) **Knees** (level) **Ankles** (toes/in-evert).
Movement Check: Flexion/Extension/Lateral Flexion/Rotation (internal/external)/Abduction/Adduction/Supination/Pronation/Eversion/Inversion



OBSERVATION/PALPATION/ASSESSMENT Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed:

TREATMENT NO. 1 S = Client been feeling blood pumping in her ears BP ↑ + Mx. esp @ night symptoms bad Cardio said get Ms

DATE: 27 08.12
TIME: 11AM
PAID: 1hr $05
REC.No: INITIAL
AIR TEMP: 25 CASH
MUSIC: Ian Cam
FACE CREST: Lav
SUPINE SCENT: Lem
OIL BLEND: Relax / Mandi Tang
HT Feet + F
CST Ⓐ Face
HST 2 x back 2 x shoulders
EXTRA
NEXT APPT:

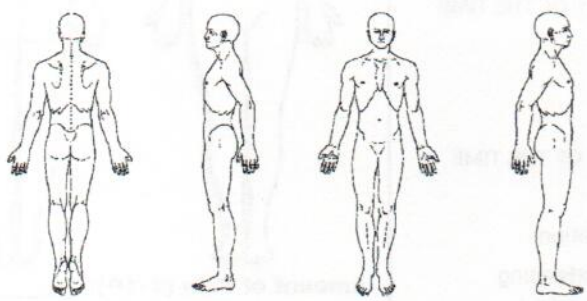


O/A: Seated on chair 15 mins
Pecs taut. V. cong upper Rts taut. Traps up tight Rhomb region cong
☒ Full Body □ STOMACH / Table 1
ARMS □ Prone ☒ Supine LEGS
TP
Fx rhomb / traps'
□ Talked ☒ Quiet Osc dir's whole M Breathing
ROM Felt better
FBACK Softer + ROM

P = Recom heat on shoulders Recom see physio for check

TREATMENT NO. ____ S =

DATE:
TIME:
PAID:
REC.No:
AIR TEMP:
MUSIC:
FACE CREST:
SUPINE SCENT:
OIL BLEND:
HT
CST
HST
EXTRA
NEXT APPT:

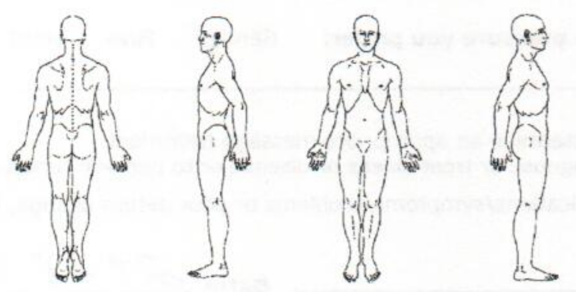


O/A:
□ Full Body □ STOMACH
ARMS □ Prone □ Supine LEGS
TP
Fx
□ Talked □ Quiet Breathing
ROM
FBACK

P =

TREATMENT NO. ____ S =

DATE:
TIME:
PAID:
REC.No:
AIR TEMP:
MUSIC:
FACE CREST:
SUPINE SCENT:
OIL BLEND:
HT
CST
HST
EXTRA
NEXT APPT:



O/A:
□ Full Body □ STOMACH
ARMS □ Prone □ Supine LEGS
TP
Fx
□ Talked □ Quiet Breathing
ROM
FBACK

P =

Roma Ah See

DOB 8 Aug 1924

Appointments

Date	Time	Type	Practitioner
18 Aug 2025	12:45PM – 1:15PM	30 minute Massage	Christine Jervis
31 Mar 2025	11:00AM – 11:30AM	30 minute Massage	Christine Jervis
6 Apr 2024	11:00AM – 12:00PM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 18 Aug 2025, 12:45PM
Created: 18 Aug 2025, 1:40PM
Last updated: 19 Aug 2025, 11:02AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)	What's going on now - client been feeling sore in neck. Turned 101 recently. Feedback from previous treatment - been a while
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 - old age Anything specific to massage (E.g. no foot massage) - gentle pressure, massage supine with elevation
Treatment details - what was done today to help the client	Pressure used - 2 Music - Enya Aromatherapy Massage oil - Lav/Pepp Spritzer - none Gentle flushing through legs 22mins then arms and neck with some hot stones Remedial techniques - up traps

Hot Pack	Upper Body
Hot Stones	Cold stones on face
Hot Wet Towels	Feet; Face
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Neck / Shoulders; Arms - Supine; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Upper Traps
Body Chart	
Feedback after treatment -	Took a while to move afterwards, light headed
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed how some heat can help with neck tension

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

Time in Sauna (minutes) -

Feedback after treatment -

Initial Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 6 Apr 2024, 11:00AM
Created: 6 Apr 2024, 12:03PM
Last updated: 6 Apr 2024, 12:13PM

Initial Consultation - Remedial Massage Appointment

Presenting complaint (relevant medical history or client info)	What's going on now - sore right side shoulder and neck. Seen physio x 3 and exercise physio for balance exercises
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - not checked Anything noteworthy - limited movement up hill, hearing aid Anything specific to massage (E.g. no foot massage) - daughter helped with positioning and changing Any Red Flags - age, medication, blood pressure
Medication or relevant procedures / info	Prescription Medication

identified that may affect the massage.	
Details of Medications / Red Flags etc (i.e. conditions listed above)-	Great skin condition
Treatment details - what was done today to help the client	Pressure used - 2 firm Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - lower body Topical Treatment - Fisiocrem Music - Yanni final mix Aromatherapy Massage oil - Relax Spritzer - Joyful
What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - Prone; Legs - Supine; Head / scalp; Face / sinuses
Where any specific trigger points used?	Upper Traps; Lev Scaps
Body Chart	
Feedback after treatment -	R was loved her massage - said you have really lovely hands
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Water, heat, some future massage

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: 6 Apr 2024, 11:00AM
Completed: 6 Apr 2024, 11:13AM

About you...

What's your health fund?	Bupa
Occupation - how long?	Home duties

List your physical activities, hobbies, exercise or sport.	Walking Reading Watching tv Playing puano
Do you sit/stand for long hours? (E.g. car/desk)	No
Medications - prescribed or natural	Blood pressure -high Heart- metropolol Sedative Stemetil
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Had a fall from hospital bed- pubic bone fracture 6 -7 years ago

About Massage...

How did you find out about our massage clinic?	☐ Google ☐ Facebook ☐ Instagram ☐ Phonebook ☐ Massage Association ☐ Health Professional (Doctor, Physio, Midwife) ☐ Referral - word of mouth ☑ Current/Previous customer
Who referred you? We use a client reward system - May we thank them?	Claire campbell
Type of massage pressure you prefer?	☑ Gentle ☐ Firm ☐ Hard ☐ Very Hard ☐ Not sure? (We'll check at your massage)
What are your goals or reasons for getting massage?	Right side neck and shoulder , sometimes painful, fuzziness of head a result?
Any areas you DON'T want massaged?	☐ Face ☐ Head ☐ Stomach ☐ Back ☐ Buttocks ☐ Arms ☐ Legs ☐ Feet ☐ Ok with above areas being massaged ☑ Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y
Do you experience headaches?	☑ No ☐ Mild ☐ Severe ☐ Persistent ☐ Migraines
Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?	☑ No problems - everything is working well ☐ Discomfort with a whole mix of things happening ☐ Abdominal pain ☐ Bloating ☐ Constipation (going less than once per day) ☐ Hard bowel movements ☐ Loose bowel movements ☐ Diarrhoea ☐ Food allergies ☐ Struggling most of the time ☐ Occasionally experience problems
Do you have any pain?	☐ No pain - nothing hurts ☐ Morning soreness ☐ Night time pain ☐ Varies - can be any time ☐ All the time ☐ Hurts doing something specific. E.g. Bending over to touch toes. ☑ Tender to touch ☐ Dull pain ☐ Aching or throbbing ☐ Sharp pain ☐ Stiffness ☐ Muscle tightness ☐ Restricted movement
If your body hurts, what relieves it?	☐ I have no pain to manage ☐ Ice ☑ Heat ☑ Rest ☑ Exercise ☐ Stretching ☑ Medication ☑ Topical Cream (E.g. Tiger Balm)

Some conditions affect massage. We want to safely treat you. Tick what applies to you -

- [ ] Allergies
- [ ] Asthma
- [ ] Sinus
- [x] Anxiety
- [ ] Depression
- [ ] Trouble falling asleep
- [ ] Trouble staying asleep through the night
- [ ] Arthritis
- [x] 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
- [x] Blood Pressure - high
- [ ] Blood Pressure - low
- [ ] Hearing problems
- [x] 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?

Pubic bone

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

Na

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

Had a uti treated about 6-8 weeks ago

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
- [x] No problems that I know of

Symptoms experienced prior to and during menstruation

- [x] 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?	2
How many babies have you birthed?	2
Have you had any birth interventions or complications?	Na
How long were your birth hours for each delivery?	
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.