## **Damien Ottone**

DOB 14 Nov 1980 Occupation Labourer

## **Appointments**

Date	Time	Туре	Practitioner
23 Aug 2025	11:00AM – 12:00PM	60 minute Massage	Christine Jervis
25 Jun 2025	12:45PM – 1:45PM	60 minute Massage	Christine Jervis
21 May 2025	12:45PM – 1:45PM	60 minute Massage	Christine Jervis
3 Apr 2025	12:45PM – 1:45PM	60 minute Massage	Christine Jervis
13 Mar 2025	12:45PM – 1:45PM	60 minute Massage	Christine Jervis
5 Mar 2025	12:45PM – 1:45PM	60 minute Massage	Christine Jervis
19 Feb 2025	12:45PM – 1:45PM	1. NEW CLIENT (First Massage)	Christine Jervis

#### **Treatment Notes**

## **Standard Consultation - Remedial Massage**

Practitioner: Christine Jervis
Appointment: 23 Aug 2025, 11:00AM
Created: 23 Aug 2025, 3:11PM
Last updated: 23 Aug 2025, 3:13PM

#### **Standard Consultation - Remedial Massage**

Presenting complaint (relevant medical history or client info)

What's going on now - client feeling sore, lower back struggled with sciatic pain a couple

of weeks ago, but it's ok now

 $\label{eq:medication} \mbox{Medication or relevant procedures / info} \quad \mbox{Injury} \\ \mbox{identified that may affect the massage.}$ 

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) - hairy back and legs

Treatment details - what was done today

to help the client

Pressure used - 2-3 firm

Music - Ian Cam Smith

Aromatherapy Massage oil - Lav Peppermint balm

Spritzer - Ec Tea free

Remedial techniques - shoulders, back, neck, legs.

**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; 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; Deltoids

**Body Chart** 

Feedback after treatment -

Felt good after massage. Very red rhomboid region

Plan for future results / treatment /

progress / homework (including discussion with client, advice, stretches)

So busy at work, see how he goes.

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

Time in Sauna (minutes) -

Feedback after treatment -

#### **Standard Consultation - Remedial Massage**

**Practitioner:** Christine Jervis **Appointment: 25 Jun 2025, 12:45PM** Created: 5 Jul 2025, 9:28PM Last updated: 5 Jul 2025, 9:29PM

## **Standard Consultation - Remedial Massage**

Presenting complaint (relevant medical

history or client info)

What's going on now - client feeling good, ready for a massage.

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 Verbal consent obtained. ROM) / Observations ROM - not checked today Anything noteworthy - no Anything specific to massage (E.g. no foot massage) - hairy back and legs Treatment details - what was done today Pressure used - 2-3 firm to help the client Music - Enya Aromatherapy Massage oil - Lav Peppermint balm Spritzer - Ec Tea free Remedial techniques - shoulders, back, neck, legs. **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; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses Where any specific trigger points used? **Body Chart** Feedback after treatment -Felt good after massage. Plan for future results / treatment / See in about another 5 weeks - he's liking that. progress / homework (including discussion with client, advice, stretches) Infra-Red Sauna (if applicable - info is below) Time in Sauna (minutes) -Feedback after treatment -

#### **Standard Consultation - Remedial Massage**

**Practitioner:** Christine Jervis

**Appointment:** 21 May 2025, 12:45PM **Created:** 21 May 2025, 1:43PM **Last updated:** 22 May 2025, 12:25PM

## **Standard Consultation - Remedial Massage**

Presenting complaint (relevant medical

history or client info)

What's going on now - clients body improved after last massage. Looking forward to

massage today.

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)-

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) - hairy back and legs

Treatment details - what was done today

to help the client

Pressure used - 2-3 firm

Music - Ian Cam Smith

Aromatherapy Massage oil - Lav Peppermint balm

Spritzer - Ec Tea free

Remedial techniques - fb plus 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

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What parts of the body were massaged? Full Body Treatment; Stomach; Neck / Shoulders; Arms - Prone - quick stretch/massage;

Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?

**Body Chart** 

Feedback after treatment - Felt good after massage, enjoyed today but also some sore spots. ITBs sore esp GT and

pecs/traps/rhombs tender.

Plan for future results / treatment / progress / homework (including

discussion with client, advice, stretches)

See in about 5 weeks

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

Time in Sauna (minutes) -

Feedback after treatment -

#### **Standard Consultation - Remedial Massage**

Practitioner: Christine Jervis
Appointment: 3 Apr 2025, 12:45PM
Created: 3 Apr 2025, 2:00PM
Last updated: 3 Apr 2025, 2:01PM

## **Standard Consultation - Remedial Massage**

Presenting complaint (relevant medical

history or client info)

What's going on now - clients body improved after last massage. Lankle twisted after  $\ensuremath{\mathsf{I}}$ 

jumping from truck.

Feedback from previous treatment - felt better

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)-

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) - hairy back and legs

Treatment details - what was done today

to help the client

Pressure used - 2-3 firm

Music - Mod Girls KD lang

Aromatherapy Massage oil - Lav Peppermint balm

Spritzer - Ec Tea free

Remedial techniques - fb plus 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; Neck / Shoulders; Arms - Prone - quick stretch/massage;

Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?

**Body Chart** 

Feedback after treatment -

Felt good after massage, enjoyed today. ITBs sore esp GT and pecs/traps/rhombs

tender

Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches) See in 1 month

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

Time in Sauna (minutes) -

Feedback after treatment -

## **Standard Consultation - Remedial Massage**

Practitioner: Christine Jervis
Appointment: 13 Mar 2025, 12:45PM
Created: 13 Mar 2025, 1:52PM
Last updated: 13 Mar 2025, 5:34PM

#### **Standard Consultation - Remedial Massage**

Presenting complaint (relevant medical

history or client info)

What's going on now - clients body improved after last massage.

Feedback from previous treatment - felt better

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)-

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) - hairy back and legs

Treatment details - what was done today

to help the client

Pressure used - 2-3 firm

Music - Kenny G saxophone

Aromatherapy Massage oil - Lav Peppermint balm

Spritzer - Ec Tea free

Remedial techniques - fb plus 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; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses Where any specific trigger points used? **Body Chart** Feedback after treatment -Felt good after massage, enjoyed today Plan for future results / treatment / See in 1 month progress / homework (including discussion with client, advice, stretches) Infra-Red Sauna (if applicable - info is below) Time in Sauna (minutes) -Feedback after treatment -

## **Standard Consultation - Remedial Massage**

**Practitioner:** Christine Jervis **Appointment:** 5 Mar 2025, 12:45PM **Created:** 5 Mar 2025, 1:50PM **Last updated:** 7 Mar 2025, 11:11AM

#### **Standard Consultation - Remedial Massage**

Presenting complaint (relevant medical history or client info)

What's going on now - clients body improved after last massage. Been sick with Covid

Feedback from previous treatment - felt better

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)-

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) - hairy back and legs

Treatment details - what was done today

to help the client

Pressure used - 2-3 firm

Music - Kenny G saxophone

Aromatherapy Massage oil - Lav Peppermint balm

Spritzer - Ec Tea free

Remedial techniques - fb plus 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; Neck / Shoulders; Arms - Prone - quick stretch/massage;

Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?

**Body Chart** 

Feedback after treatment -

Felt good after massage

Plan for future results / treatment /

progress / homework (including discussion with client, advice, stretches)

See weekly for this month to get on track

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

Time in Sauna (minutes) -

Feedback after treatment -

#### **Initial Consultation - Remedial Massage**

**Practitioner:** Christine Jervis **Appointment:** 19 Feb 2025, 12:45PM Created: 19 Feb 2025, 2:53PM Last updated: 19 Feb 2025, 2:56PM

## **Initial Consultation - Remedial Massage Appointment**

Presenting complaint (relevant medical

history or client info)

What's going on now - client been sore and stiff all over

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.

ROM - checked before

Anything noteworthy - no

Anything specific to massage (E.g. no foot massage) - hairy legs and forearms

Client had any previous treatment elsewhere? Yes. 10 years ago with me.

Any Red Flags - no

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

Injury

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

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 / Arms & Hands

Hot Pack - Upper Body

Topical Treatment - upper Fisiocrem / Zen lower

Music - Ian Cam Smith

Aromatherapy Massage oil - Balm and extreme oil

Spritzer - euc peppermint

Fb with remedial techniques on shoulders and back

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; ITBs

**Body Chart** 

Feedback after treatment -

ITBs and rhomb very sore and tight, felt he really needed it

Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)

See for some weekly treatments to get body back feeling better

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

Time in Sauna (minutes) -

Feedback after treatment -

#### **Patient Forms**

#### **New Client Record**

<b>Practitioner:</b> Christine Jervis <b>Appointment:</b> 19 Feb 2025, 12:45PM <b>Completed:</b> 14 Feb 2025, 8:40PM	
About you	
What's your health fund?	QLD country health
Occupation - how long?	Foreman - 23yrs
List your physical activities, hobbies, exercise or sport.	Fishing
Do you sit/stand for long hours? (E.g. car/desk)	Stand long hours
Medications - prescribed or natural	Lexam10
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	None
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?	Known Christine long time
What are your goals or reasons for getting massage?	Loosen up back muscles
Type of massage pressure you prefer?	☐ Gentle ☐ Firm ☐ Hard ☐ Very Hard  ✓ Not sure? (We'll check at your massage)
Any areas you DON'T want massaged?	☐ Face ☐ Head ☐ Stomach ☐ Back ☐ Buttocks ☐ Arms ☐ Legs ☐ Feet ☑ I am ok with all the above areas being massaged ☐ Not sure? (We will discuss reasons for massaging different areas at your appointment)
Do you experience headaches?	☐ No ☑ Mild ☐ Severe ☐ Persistent ☐ Migraines
Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?	<ul> <li>□ Discomfort with a whole mix of things happening □ Abdominal pain</li> <li>□ Bloating □ Constipation (going less than once per day)</li> <li>□ Hard bowel movements □ Loose bowel movements □ Diarrhoea</li> <li>□ Food allergies □ Occasionally experience problems</li> <li>□ Struggling most of the time ☑ No problems - everything is working well</li> </ul>
Any falls or injuries to your sacrum, tailbone, head, ankles, feet, abdomen or lower back? These are important body balance areas.	None

Do you have any pain?	□ No pain - nothing hurts       ☑ Morning soreness       □ Night time pain         □ Happens randomly - can be any time         □ Pain doing something specific. E.g. Bending over to touch toes.         □ All the time       □ 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       Anxiety       Depression         Trouble sleeping or falling asleep       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?				
Your consent				
	age Therapist plan the safest treatment. Be honest - tell us if the temperature is too u'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.				
_	sleepy. Get up slowly from the table - give yourself time to adjust afterwards. Delay your orking. 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.				





# Remedial Massage Client Record

ull Na	me Damies Patrick OHone	Date of Birth 14.11.
Postal	me Damien Patrick Ottone Address 7 Lomond Close	Date of Birth
lome I	Phone Work	31 40315457 Mobile 040870253
mail A	Address Damien Ottone a hotman	locom Health Fund
	ency Contact Details – Name and Number $\frac{1}{\sqrt{a}}$	
urrent	Doctor Refe	erred By Talia
ссира	tion and how long <u>Labow</u> (O y	lars.
hysica	al Activities/Hobbies/Exercise water Sk	ing.
1edica	History (operations/illnesses/accidents/injuries)	N/A.
1	,,,,,,	
		7
	ions – Prescribed or Natural:	
Som	e conditions require your massage to be modified	
Som	e conditions require your massage to be modified. se tick all conditions below that apply to you NOW. Allergies / Asthma	Please circle areas of soreness or pain on the body chart below:
Som Pleas	e conditions require your massage to be modified. se tick all conditions below that apply to you NOW.	Please circle areas of soreness or
Som Plea:	e conditions require your massage to be modified. se tick all conditions below that apply to you NOW. Allergies / Asthma Any Contagious Disease / Skin Problem Arthritis	Please circle areas of soreness or
Som Plea:	e conditions require your massage to be modified. se tick all conditions below that apply to you NOW. Allergies / Asthma Any Contagious Disease / Skin Problem Arthritis Blood Pressure / Heart Problems	Please circle areas of soreness or
Som Plea:	e conditions require your massage to be modified. se tick all conditions below that apply to you NOW. Allergies / Asthma Any Contagious Disease / Skin Problem Arthritis	Please circle areas of soreness or
Som Pleas	e conditions require your massage to be modified. se 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	Please circle areas of soreness or
Som Pleas	e conditions require your massage to be modified. se 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  Cancer	Please circle areas of soreness or
Som Pleas	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain  Cold / Flu	Please circle areas of soreness or
Som Pleas	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain	Please circle areas of soreness or
Som	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain  Cold / Flu  Constipation   NOW   SOMETIMES   MOST OF THE TIME	Please circle areas of soreness or pain on the body chart below:
Som Pleas	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain  Cold / Flu  Constipation   NOW   SOMETIMES   MOST OF THE TIME  Diabetes   TYPE 1   TYPE 2	Please circle areas of soreness or pain on the body chart below:
Som Pleas	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain  Cold / Flu  Constipation   NOW   SOMETIMES   MOST OF THE TIME  Diabetes   TYPE 1   TYPE 2  Dizziness	Please circle areas of soreness or pain on the body chart below:
Som Pleas	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain  Cold / Flu  Constipation   NOW   SOMETIMES   MOST OF THE TIME  Diabetes   TYPE 1   TYPE 2  Dizziness  Fractured bones	Please circle areas of soreness or pain on the body chart below:
Som Pleas	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain  Cold / Flu  Constipation   NOW   SOMETIMES   MOST OF THE TIME  Diabetes   TYPE 1   TYPE 2  Dizziness  Fractured bones  Headache   NOW   SOMETIMES   MOST OF THE TIME	Please circle areas of soreness or pain on the body chart below:  Right  Right
Som Pleas	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain  Cold / Flu  Constipation   NOW   SOMETIMES   MOST OF THE TIME  Diabetes   TYPE 1   TYPE 2  Dizziness  Fractured bones  Headache   NOW   SOMETIMES   MOST OF THE TIME  Numbness / Tingling	Please circle areas of soreness or pain on the body chart below:  Right  Left Left Right  Amount of Pain (1-10):
Som Pleas	e conditions require your massage to be modified. se 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  Cancer  Chronic Pain  Cold / Flu  Constipation   NOW   SOMETIMES   MOST OF THE TIME  Diabetes   TYPE 1   TYPE 2  Dizziness  Fractured bones  Headache   NOW   SOMETIMES   MOST OF THE TIME  Numbness / Tingling  Recent Illness / Surgery	Please circle areas of soreness or pain on the body chart below:  Right  Left Left  Right

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.

Gentle

Firm,

Hard

Very Hard

Please circle what type of massage pressure you prefer:





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 box	es below - after y	ou read and ag	gree with each	statement:
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- ☑ I understand there are possible significant risks, complications and side-effects to any treatment I receive.
- $\square$  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.
- $\square$  I agree to read the information brochure I will be given to take home at the end of my first treatment.



TAME

Your Name: Dan

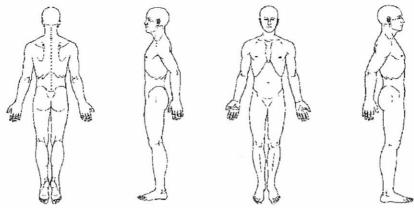
Date: 3.3/5

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/Pronation/Pronation/Eversion/Inversion



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

TREATMENT NO	s= Cuent phoned	been eus /r	reck wh	en 0	re in back usually +
DATE: 03.03.05 TIME: \$98 + \$11 PAID: 1hv . 1N1 REC.NO: 1LTS 1030 AIR TEMP: 25 MUSIC: North I FACE CREST: JOW SUPINE SCENT: JOW OIL BLEND: Pelgx			bone	- stern	O/A: Traps us taut Tender Debords tight Especials tight Es tight Pets tight Phomb region tog  Full Body #STOMACH towel TPs.  ARMS Prone Sopine LEGS TP thomb   traps   17Bs   5/vtes Fx   thomb   47/Ac   17Bs  Talked Quiet Quiet Quie/Breathing ROM 18ed > ms - Seif report FBACK Feit Improvement Imme
EXTRANEXT APPT:	client	not	doing a	iny s	tretching or moving
	s= Chen	t be	en fer	eling	tightness in his body >
DATE: 2.25 TIME: 588 PAID: REC.NO: GV FAID AIR TEMP: MUSIC: MYS//5 FACE CREST: COU SUPINE SCENT: COM OIL BLEND: Pelan HT Aeet + Faul CST A Fall HST 2 + bock EXTRA NEXT APPT:	KY	fest	bettee	7 ms	O/A:  Property of hight Perstaut Defloids Half Frender
TREATMENT NO	S =				
DATE: TIME: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: OIL BLEND: HT CST HST					O/A: