

CLIENT RECORD: Follow-up Consultation

Last Name: HICKEY First Name: LINDA

Date 21/12/21

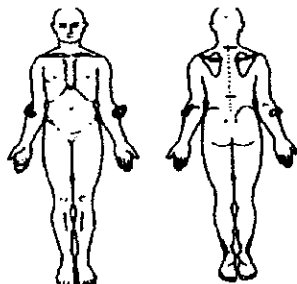
Area Being Treated forearm /
LX/TX, CX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒ N

If yes _____

Response to previous treatment (+ve, -ve/SQ): +ve



Lateral Epicondylitis? ✓
→ Bilaterally

Client consent for treatment

Please sign L.H. Hickey

Date 21/12/21

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): Maudsley's Test L R Mills Test - L +ve R. +ve Cozens Test - L R
Palpatory Assessment: ECRL & ECRB both Hypertonic ESG & Rhomboids "	
Treatment: MFTT ECRL & ECRB. → PASSIVE & Active. MFTT ESG, U/T lev Scap DIP Rhomboids	Advice & Corrective Exercises: Wrist extension with small Dumbbell. Slowly return to flexion
Reassessment & Postural Improvements: Mills test +ve but less Severe	

Next Treatment/Management Plan: Next week

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Have you received both Covid Vaccinations? **Yes** No
a. If no are you booked in for your vaccination? Yes – Date ____/____/____ No
2. Do you have a fever or Respiratory Symptoms? **Yes** **No**

Symptoms include fever OR an acute respiratory infection and include (but are not limited to) cough, sore throat, fatigue and shortness of breath with or without a fever.

3. Have you been identified as a close contact of a confirmed case of coronavirus? **Yes** **No**

A close contact is someone who has been face to face for at least 15 minutes, or been in the same closed space for at least 2 hours with someone who has tested positive for the COVID-19 when that person was infectious.

3. Have you returned from overseas within the last 14 days? **Yes** **No**
4. Are you waiting on COVID-19 swab results? **Yes** **No**
5. Have you been asked to self-isolate by your GP, or a government authority? **Yes** **No**
6. Have you received a COVID-19 vaccination in the past 3 days? **Yes** **No**
7. (Clinic only) Have you checked in? **Yes** **No**

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name LINDA HICKY

Your signature Linda Hicky

Date 21/12/21

CHECK-IN NOW



Tarregower Remedial Massage



Unable to scan? Download the Service Victoria app and use code:

QDG Z6Q