

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HICKEY First Name: LINDA

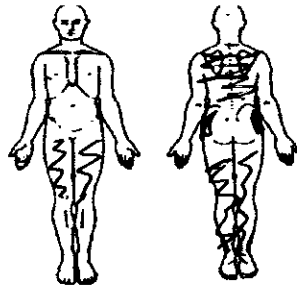
Date 28/12/21

Area Being Treated Lx, Rx, Post 6
ant leg

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y ☒ N
If yes _____

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



Tired due to recent
travel

Tightness in mid back

(R) H/S tight

Client consent for treatment

Please sign

L.M. Hickey

Date 28/12/21

OBJECTIVE EXAMINATION:

<p>Observation: <u>shldrs forward due to tightness</u> <u>of Tx region</u></p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p>
<p>Palpatory Assessment: <u>longiss. muse tight</u> <u>H/S & Rec fem tight (Bulcl)</u></p>	
<p>Treatment: <u>Effleurage & petrissage of</u> <u>Lx, rx, Glute med, Quads,</u> <u>Post leg</u> <u>MFTT Post leg & quad group</u></p>	<p>Advice & Corrective Exercises: <u>Gentle stretches for</u> <u>H/S & quad group.</u></p>
<p>Reassessment & Postural Improvements:</p>	

Next Treatment/Management Plan: Deeper Treatment next week
→ H/S, Hip Flexors & Glutes.

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 Hickey

Your signature R M Hickey

Date 28/12/21

CHECK-IN NOW



Tarregower Remedial Massage



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Service Victoria app and use code:

QDG Z6Q