

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: Hickey First Name: LYNOR

Date 1/2/22

Area Being Treated CX/LX/RX

Current Presentation LOOTRADIOPS:

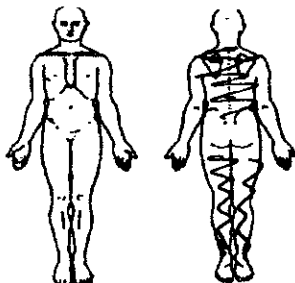
Has your Clinical Impression

changed? Y N

If yes

Response to previous treatment

(+ve, -ve/SQ): Five



Posterior Chain

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation:

Motion tests (Active, Passive, Resisted, Special Tests):

Palpatory Assessment:

Treatment:

MFTT ESA, VIT, LevScap

Glute Med, H/Ls, Calves

DIP Glute Med, LevScap
U/R

Advice & Corrective Exercises:

Reassessment & Postural Improvements:

Next Treatment/Management Plan: 2 weeks

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Are you fully vaccinated against Covid-19? **Yes** No

a. If no are you booked in for your vaccination or booster? 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.

4. Have you returned from overseas within the last 14 days? **Yes** **No**

5. Are you waiting on COVID-19 swab results? **Yes** **No**

6. Have you been asked to self-isolate by your GP, or a government authority? **Yes** **No**

7. Have you received a COVID-19 vaccination in the past 3 days? **Yes** **No**

8. (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

L M Hickey

Your signature

Linda Hickey

Date

1/2/22

CHECK-IN NOW



Tarregower Remedial Massage



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Service Victoria app and use code:

QDG Z6Q