

# Tarrengower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: McShanag First Name: Lynn

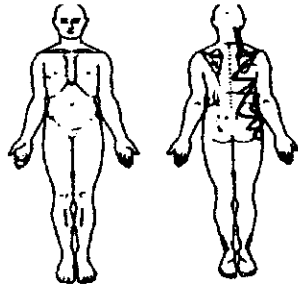
Date 23/7/22

Area Being Treated Cx Tx Lx Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y

If yes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



\*Caution around  
① Shoulder/arm/  
neck

Loosen up Lx.

② HIP  
LONG  
DRIVE recently

Client consent for treatment

Please sign

Date 23/7/2022.

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>Scm OK - checked due to</u> <u>Headache pattern/location</u>	
Treatment: <u>MFTT- ESQ, Lev Scap, VIT,</u> <u>LAT DORS, Glute Med, Glute</u> <u>Max</u> <u>D.P MTRP-VIT, Lev Scap,</u> <u>Piriformis, Glute Med, Glute Max</u>	Advice & Corrective Exercises:
Reassessment & Postural Improvements: <u>MFTT Splen Cap, Splen COVIC.</u>	

Next Treatment/Management Plan: 2 weeks (booked)

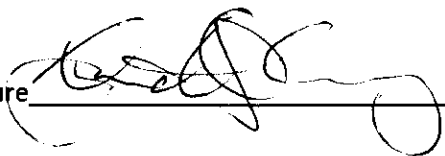
PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. Do you have a fever or Respiratory Symptoms? Yes ☒ No ☐ Cold - ve RAT x 3  
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.
2. Have you been identified as a close contact of a confirmed case of coronavirus? Yes ☒ No ☐  
You are a close contact if you: live in the same house as someone who tests positive. spent 4 hours or longer with someone in a home, or health or aged care environment.
3. Are you waiting on COVID-19 swab results? Yes ☒ No ☐
4. Have you been asked to self-isolate by your GP, or a government authority? Yes ☒ No ☐
5. Have you received a COVID-19 vaccination in the past 3 days? Yes ☒ No ☐

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

Name Lynn McSlaney

Your signature 

Date 23/ 7/ 22