

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HERCOTT First Name: KEW

Date 11/11/21

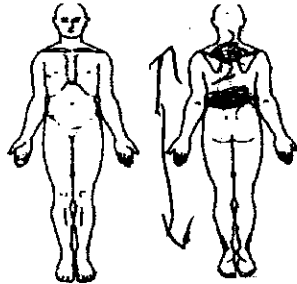
Area Being Treated LX

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y ☒

If yes _____

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



Lower Back

Client consent for treatment

Please sign

[Signature]

Date 11/11/21

OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>Lx Flex 1/2 shin s. @ calves</p> <p>Lx Lat Flex h s. @ ex of Lat Dorsi</p> <p>L knee s. @ ex of Lat Dorsi</p> <p>Cx Lat Flex L 30° s. @ Scm</p> <p>R 30° s. @ Post Scalene.</p>
<p>Palpatory Assessment:</p>	
<p>Treatment:</p> <p>MFTT U/T, Lev Scap, ESc</p> <p>Circle Med, Max, U/S,</p> <p>DIP - P.11, U/T. calves</p>	<p>Advice & Corrective Exercises:</p> <p>calf stretches</p>
<p>Reassessment & Postural Improvements:</p> <p>Lx Flex 1/2 shin s. @ calves</p>	

Next Treatment/Management Plan: 2 weeks

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

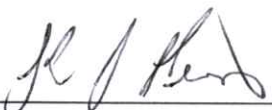
6. Have you received a COVID-19 vaccination in the past 3 days? ☒ Yes ☐ No

7. (Clinic only) Have you checked in? ☒ Yes ☐ No

8. (Mobile only) How many visitors have been to your house today? ____

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

Name Ken Hercott

Your signature 

Date 11/11/21

CHECK-IN NOW



Tarrengower Remedial Massage



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Service Victoria app and use code.

QDG Z6Q