

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HOLLIST First Name: KEN

Date 9/12/21

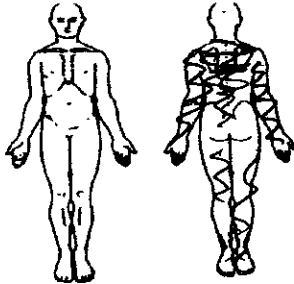
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y

If yes _____

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



LX, TX
Glute med
IT/S
Calves
Arms

Client consent for treatment

Please sign [Signature]

Date 9/12/21

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>LX Flex 1/2 Shin, SI @ Piox. Gastroc</u>
Palpatory Assessment:	
Treatment: <u>MFTT ESq, Glute Med,</u> <u>IT/S, Gastroc, Soleus.</u> <u>Deltoids, Triceps long head</u>	Advice & Corrective Exercises: <u>Calc Stretch</u> <u>Plank (side)</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 3/1/21 Next

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 Ken Hercott

Your signature 

Date 9/12/21

CHECK-IN NOW



Tarregower Remedial Massage



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QDG Z6Q

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