Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation Last Name: BROMAGE First Name: JUOJ Date 15/2/22 **Current Presentation LOOTRADIOPS:** Area Being Treated 17/6/5/ Has your Clinical Impression changed? N If yes Actusal Response to previous treatment (+'ve, -'velSQ): でいて Client consent for treatment Please sign Date **OBJECTIVE EXAMINATION:** Observation: Motion tests (Active, Passive, Resisted, Special Tests): Palpatory Assessment: Hypertonic MFIT ilio costadis, borgasums Ut, thombouds, leu scap, Advice & Corrective Exercises: Splen cap Refer to EP & Physio Reassessment & Postural Improvements:

Next Treatment/Management Plan:	Book	in	Now	Year	after
seeing Phy 200	•				
J /					