

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PETRUSMA First Name: KATIE

Date 18/2/22

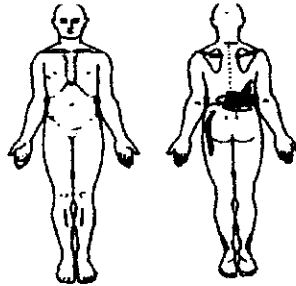
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y

If yes _____

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



S15? Diagonal?

worse when active
sitting & standing

Client consent for treatment

Please sign _____

Date

18/2/22

OBJECTIVE EXAMINATION:

<p>Observation:</p> <p>① Glute Med Hypertonic</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>QUADRANTS - Pain on ① Lateral Flex @ S15.</p>
<p>Palpatory Assessment:</p>	<p>LX/TX FLEX. Mid Skin S1@ Prox GASTRO</p> <p>LX/TX LAT FLEX L knee S1@ EX OBL SER R knee S1@ TRANS ab</p>
<p>Treatment:</p> <p>MKTS TLF, LAT DORSI ②</p> <p>Glute Med ①</p>	<p>SLUMP Test 1/2 Skin S1@ TLF</p> <p>2R L 450 S1@ OBL</p>
<p>Reassessment & Postural Improvements:</p>	<p>Advice & Corrective Exercises:</p> <p>45 S1@ GASTRO</p> <p>Side lying Clams 3x5</p> <p>Piri / Glute med Stretch ② 3x5</p>

Next Treatment/Management Plan: Call if required

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 13/2/2022
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

Katie Petrusma

Your signature

[Signature]

Date

18/2/2022

CHECK-IN NOW



Tarregower Remedial Massage



Unable to scan? Download the Service Victoria app and use code:

QDG Z6Q