TARRENGOWER REMEDIAL MASSAGE

Date $\frac{2}{7}/\frac{2023}{}$.
Initial Consultation Form

(=====================================	(.)	Name: MARGARET MCKNGG
) [1	Indicate site or pain and referral area Site of restriction Cation of pain/restriction/other: R log - yugudlyad Catles Vas last LB P Fall
Now (current presentation):	se.	in Sweeks
Other Symptoms:		
ype of Pain:	· 1 + 1	
Degree of Pain (0-10): What Offsets / Alleviates the Pain? _	Irritability Level: Low_	ye Heat
ast Treatments & Results:	L	78 TS 38 TS 3
pecial Questions (may also be specific	to region):	an >
DBJECTIVE EXAMINATION - Bo	dy Type: Hypomobile 0-1 ()	Average 2-4 () Hypermobile 5-9 ()
Posterior view	Anterior view	Lateral view

Active (P1, S1, PB)	Passive [P1, S1, R1)
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	due to
Mar edit 1 Care As de la companya de la récursa	00
	Functional/Special Tests
\M	
nesisted /	Functional/Special Tests Per Marian Tests
mobility	June
De situation de la constitución	DeM or.
Word	
Palpatory Assessment:	
Clinical Impression:	
Treatment	Peassesment
Treatment MEST Stingers Line Of Class	Reassessment
Treatment MFFT this costalis, Qu, alute	Reassessment
MEST this costerlis, Qu, alute Med, HIS, Gastroc, Solous	Reassessment
MEST lis costerlis, Qu, alute Med, HIS, Gastra, Soleus	Reassessment
MEST lis costelis, Qu, alute Med, HIS, Gastra, Soleus	Reassessment
MEST this costerlis, ar, alute Med, HIS, Gastra, Soleus	Reassessment
Treatment MFT this costerlis, Qr, alute Med, HS, Gastrac, Soleus	Reassessment
MERT this costerlis, ar, abute Med, HS, Gastra, Soleus	Reassessment
Med, HIS, Gastroc, Soleus	Reassessment
Treatment MFT Uio costalis, Qr, alula Med, HS, Gastra, Soleus Corrective Exercises Exercise Sets Reps Other Adv	Z distriction of the second se

Postural Improvements:

Treatment Goals / Management Plan: Co Redod