

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: PETRUSMA First Name: DONNA

Date 1/11/21

Area Being Treated _____

Current Presentation LOOTRADIORS:

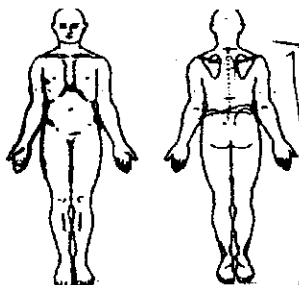
Has your Clinical Impression

changed? Y N

If yes _____

Response to previous treatment

(+ve, -ve ISQ): +ve



MAINTENANCE
→ TUNE UP.

Client consent for treatment

Please sign

Donna Petrusma

Date

1/11/21

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>HIP Flex L 100 PB</u> <u>R 100 S, @ H/S.</u>
Palpatory Assessment:	
Treatment: <u>MAT - ESS, Glute Med, Glute</u> <u>MAJ, H/S, calves, quads</u> <u>DIP - Piriformis</u> <u>MET HIP Flex/Ext.</u>	Advice & Corrective Exercises: <u>Piriformis stretch</u>
Reassessment & Postural Improvements: <u>HIP Flex L 120 PB</u> <u>R 120 S @ H/S</u>	

Next Treatment/Management Plan: 3 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 DONNA PETRUSMA

Your signature Donna Petrusma

Date 1 / 11 / 21

CHECK-IN NOW



Tarregower Remedial Massage



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

QDG Z6Q