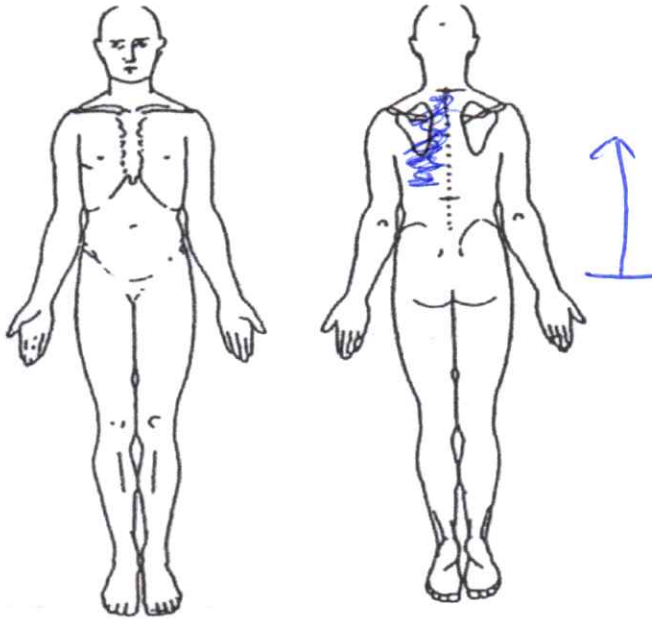


Date 8/11/21

Initial Consultation Form

Name: Oliver Berry

Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other: _____

Onset - Initial (when/how it first began): chronic igearNow (current presentation): 1/10-Other Symptoms: None IndicatedType of Pain: Sharp when aggravatedReferral Pain: none indicatedWhat aggravates the pain? stretching / heavy liftingDegree of Pain (0-10): 5-6 Irritability Level: Low Med HighWhat Offsets / Alleviates the Pain? Rest, Deep HeatPast Treatments & Results: NothingSpecial Questions (may also be specific to region): no pain killers**OBJECTIVE EXAMINATION** - Body Type: Hypomobile 0-1 () Average 2-4 () Hypermobile 5-9 (✓)**Observation**

Posterior view Scap L↑ acr L↓ pos planus AOE = 4 PSIS ✓	Anterior view ASIS ✓ Chv ✓ hcr ✓ shldr int rot	Lateral view R Male Post Pelvic Tilt ✓
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Motion Tests

<p>Active (P1, S1, PB)</p> <p>R Shld Abd 170° PB</p> <p>L " " 180° PB</p> <p>R Shld ext 170° PB</p> <p>L Shld ext 180° PB</p> <p>Cx Rotn L 90° PB</p> <p>R 90° PB</p>	<p>Passive (P1, S1, R1)</p>
<p>Resisted</p>	<p>Functional/Special Tests</p>

Palpatory Assessment: Tight Longissimus & Pec minor

Clinical Impression: _____

<p>Treatment</p> <p>MFTT ES, Trapezius, Rhomboids</p> <p>Pec Minor, TLF, Lev Scap</p> <p>D.P Rhomboids, U/T, Lev Scap</p>	<p>Reassessment</p>
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Corrective Exercises

Exercise	Sets	Reps	Other Advice
_____	_____	_____	Rhomboid activation - Theraband
_____	_____	_____	Pec Minor Stretch
_____	_____	_____	_____

Postural Improvements: _____

Treatment Goals / Management Plan: Call it tight

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? 0

I, the undersigned hereby declare that the information I have provided in this questionnaire is true and accurate

Name Oliver Ben

Your signature [Signature]

Date 8/11/21

CHECK-IN NOW



Tarregower Remedial Massage



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

QDG Z6Q