Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

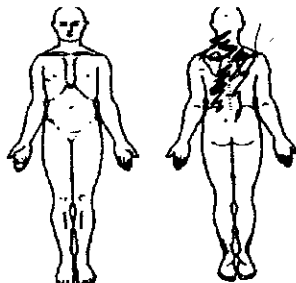Last Name: _LADDS_   First Name: _GENEVIEVE_   Date _10/9/21_

Area Being Treated _Lx/Cx/Tx_   Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y/(N)
If yes _____

Response to previous treatment
(+'ve, -'veISQ): _+'ve_

_① Tx, Lx Cx_

Client consent for treatment

Please sign _[signature]_   Date _10/9/21_

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
	Lx Flex 3cm ↑ Prev S₁ @ ℓ/O
	Cx Rotn L 40° P₁ @ U/T (L) costochr
	R 45° S₁ @ U/T (L)
Palpatory Assessment:	Cx Lat Flex L 30° P₁ @ U/T (L)
	R 40° P₁ @ U/T (L)

Treatment: MFTT
Iho costalis
Longissimus
U/T
Lev Scap

DIP ↗

Reassessment & Postural Improvements:	Advice & Corrective Exercises:
Lx Flex 15cm ↓ knee	Cx Stretch
Cp Rotn L ↓ 45°	Heat Pack tonight if sore.
R 45°	
Cp Lat Flex L 40°	
R 40°.	

Next Treatment/Management Plan: _____

PATIENT SCREENING QUESTIONNAIRE FOR COVID-19

Please Circle Yes or No

1. 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.

2. Have you been identified as a close contact of a confirmed case of novel 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? __1__

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

Name_____Genevieve Ladds_____

Your signature_____G Ladds_____

Date 10 / 9 / 21

CHECK-IN NOW

Tarrengower Remedial Massage

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

QDG Z6Q