

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

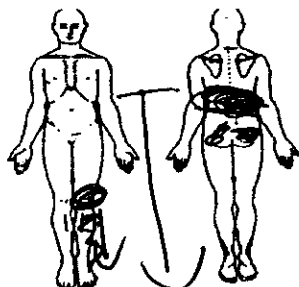
Last Name: Genevieve First Name: Ladd

Date 18/12/21

Area Being Treated Lx Cx Glutes Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Yes  
If yes \_\_\_\_\_

Response to previous treatment (+ve, -ve/ISQ): +ve



LX  
① Medial knee  
Piriformis ②  
Glutes

### Client consent for treatment

Please sign

[Signature]

Date 18-12-21

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: <u>① Semitendinosus tender</u> <u>(Distally)</u>	
Treatment: <u>MFTT - ESG, TL Fascia, Glute</u> <u>DIP - Piriformis, Med, max</u> <u>Pin &amp; Stretch "</u> <u>MFTT - H/S (active)</u>	Advice & Corrective Exercises: <u>H/S Seated Stretch</u> <u>pull foot Up &amp; lean Fwd.</u> <u>3x8-lat Morning &amp; night.</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: Review in 2 weeks & re-book if required.

# 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**

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

Name Genevieve Laidis

Your signature Genevieve Laidis

Date 18/12/21

**CHECK-IN NOW**



Tarregower Remedial Massage



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

**QDG Z6Q**