

Adam Lachlan

DOB1 Sep 1993

Appointments

Date	Time	Type	Practitioner
27 Dec 2024	3:00PM – 4:00PM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Initial Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 27 Dec 2024, 3:00PM

Created: 27 Dec 2024, 4:04PM

Last updated: 27 Dec 2024, 4:07PM

Initial Consultation - Remedial Massage Appointment

Presenting complaint (relevant medical history or client info)

What's going on now - sore after Japan trip lots of walking with 17mo daughter and wife

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.

ROM -checked before

Anything noteworthy - no. V tall build. Skinny

Anything specific to massage (E.g. no foot massage) - adjust table for height

Client had any previous treatment elsewhere? Yes regularly

Any Red Flags - no

Medication or relevant procedures / info identified that may affect the massage.

Details of Medications / Red Flags etc (i.e. conditions listed above)-

Treatment details - what was done today to help the client

Pressure used - 2-3, can go former next time

Hot Stones - 2 x Hips and 2 x Back/Shoulders

Hot Wet Towels - Feet / Face

Hot Pack - Lower Body

Topical Treatment - Fisiocrem upper

Music - Ian Cam Smith

Aromatherapy Massage oil - Lav peppermint balm with extreme sports oil in upper half

Spritzer - Euc Peppt

Focus On Movement | Created 20 May 2025, 9:57AM

1 of 4

What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Body Chart	
Feedback after treatment -	Felt good after massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Holidays so talked about hydrating and relaxing
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record	
Practitioner: Christine Jervis Appointment: 27 Dec 2024, 3:00PM Completed: 26 Dec 2024, 10:19PM	
About you...	
What's your health fund?	N/A - Defence
Occupation - how long?	14
List your physical activities, hobbies, exercise or sport.	Tennis, gym, walking, dancing
Do you sit/stand for long hours? (E.g. car/desk)	Working hours sit stand
Medications - prescribed or natural	N/A
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Fractured elbow 2000
About Massage...	
How did you find out about our massage clinic?	<div><input type="checkbox"/> Google<input type="checkbox"/> Facebook<input type="checkbox"/> Instagram<input type="checkbox"/> Phonebook</div> <div><input type="checkbox"/> Massage Association<input type="checkbox"/> Health Professional (Doctor, Physio, Midwife)</div> <div><input checked="" type="checkbox"/> Referral - word of mouth<input type="checkbox"/> Current/Previous Customer</div>

Who referred you? We use a client reward system - May we thank them?

What are your goals or reasons for getting massage?

Relaxation and muscle tension relief

Type of massage pressure you prefer?

- ☐ Gentle
 ☒ Firm
 ☐ Hard
 ☐ Very Hard
☐ Not sure? (We'll check at your massage)

Any areas you DON'T want massaged?

- ☐ Face
 ☐ Head
 ☐ Stomach
 ☐ Back
 ☐ Buttocks
 ☐ Arms
☐ Legs
 ☐ Feet
 ☒ I am ok with all the above areas being massaged
☐ Not sure? (We will discuss reasons for massaging different areas at your appointment)

Do you experience headaches?

- ☒ No
 ☐ Mild
 ☐ Severe
 ☐ Persistent
 ☐ Migraines

Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?

- ☐ Discomfort with a whole mix of things happening
 ☐ Abdominal pain
☐ Bloating
 ☐ Constipation (going less than once per day)
☐ Hard bowel movements
 ☐ Loose bowel movements
 ☐ Diarrhoea
☐ Food allergies
 ☐ Occasionally experience problems
☐ Struggling most of the time
 ☒ No problems - everything is working well

Any falls or injuries to your sacrum, tailbone, head, ankles, feet, abdomen or lower back? These are important body balance areas.

No

Do you have any pain?

- ☒ No pain - nothing hurts
 ☐ Morning soreness
 ☐ Night time pain
☐ Happens randomly - can be any time
☐ Pain doing something specific. E.g. Bending over to touch toes.
☐ All the time
 ☐ Tender to touch
 ☐ Dull pain
 ☐ Aching or throbbing
☐ Sharp pain
 ☐ Stiffness
 ☐ Muscle tightness
 ☐ Restricted movement

If your body hurts, what relieves it?

- ☒ I have no pain to manage
 ☐ Ice
 ☐ Heat
 ☒ Rest
 ☒ Exercise
☒ Stretching
 ☐ Medication
 ☐ Topical Cream (E.g. Tiger Balm)

Some conditions affect massage. We want to safely treat you. Tick what applies to you -

- ☒ Allergies
 ☒ Asthma
 ☒ Sinus
 ☐ Anxiety
 ☐ Depression
☐ Trouble sleeping or falling asleep
 ☐ Arthritis
 ☐ Osteoporosis
☐ Spinal problems
 ☐ Swelling
 ☐ Bruise Easily
☐ Blood clotting problems
 ☐ Cancer
 ☐ Diabetes Type 1
☐ Diabetes Type 2
 ☐ Dizziness
 ☐ Numbness
 ☐ Tingling
☐ Cold hands / Cold feet
 ☐ Heart Problems
 ☐ Blood Pressure - high
☐ Blood Pressure - low
 ☐ Hearing problems
 ☐ Hearing Aid
☐ Vision problems
 ☐ Contact Lenses
 ☐ None of the above apply to me

Any extra health details or info you'd like to share?

Your consent...

Your confidential information helps our Massage Therapist plan the safest treatment. Be honest - tell us if the temperature is too hot/cold, pressure level needs adjusting or you're uncomfortable/unwell or unsure at any stage.

Every massage has potential risks, complications or side-effects. Such as causing muscular discomfort, fatigue, bruising, burns (from heat therapy), aggravating existing conditions, increasing blood pressure or skin sensitivity.

After massage, it's common to feel relaxed or sleepy. Get up slowly from the table - give yourself time to adjust afterwards. Delay your shower for 2 hours for essential oils to keep working. Keep well hydrated with water in the 24-48 hours after massage.

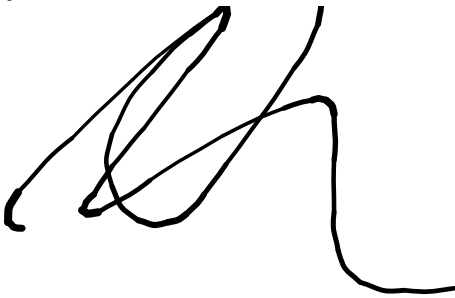
It's ok to discuss my treatment with my doctor, physio or referring health practitioner.

☒ Yes - clients will be informed if this happens. ☐ No thanks.

My Massage Therapist and I both have the right to stop or refuse treatment at any time

☒ Yes - I know I can ask questions at any time too.

I will keep my Massage Therapist updated on any changes to this information and my health.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end.



ABN 86 128 280 651



Women's Health Specialist

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51 Lyndel Drive Woree Q 4868

admin@focusonmovement.com.au



Adam Lachlan

Initial Consultation - Remedial Massage

Date of birth 1 Sep 1993

Address Adam Lachlan
Australia

Practitioner Christine Jervis

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