

Andrew Donald

DOB 9 Mar 1992
Occupation Merchanic

Appointments

Date	Time	Type	Practitioner
17 Jan 2025	11:00AM – 12:00PM	Gift Certificate - Book your Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 17 Jan 2025, 11:00AM
Created: 17 Jan 2025, 12:02PM
Last updated: 17 Jan 2025, 10:48PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client been sore all over
Feedback from previous treatment - been a long time. Last massage sept 2023

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

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

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.
ROM - not checked today
Anything noteworthy - no
Anything specific to massage (E.g. no foot massage) - some past injuries

Treatment details - what was done today to help the client

Pressure used - 3-4 firm
Music - Yanni if there
Aromatherapy Massage oil - Lav Peppt balm oil
Spritzer - Euc Peppermint

Remedial techniques - shoulders, back, legs

Hot Pack

Lower Body

Hot Stones

2 x Hips; 2 x Back/Shoulders

Hot Wet Towels

Feet; Face

Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; Pecs
Body Chart	
Feedback after treatment -	Really enjoyed.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Recon getting some treatment. Working on mobility this year in gym. Trying for a baby.
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record	
Practitioner: Christine Jervis Appointment: 17 Jan 2025, 11:00AM Completed: 11 Jan 2025, 10:28AM	
About you...	
What's your health fund?	N/A
Occupation - how long?	Firefighter - 6 years
List your physical activities, hobbies, exercise or sport.	Gym
Do you sit/stand for long hours? (E.g. car/desk)	Yes
Medications - prescribed or natural	Nil
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Nil
About Massage...	
How did you find out about our massage clinic?	<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Phonebook <input type="checkbox"/> Massage Association <input type="checkbox"/> Health Professional (Doctor, Physio, Midwife)

☐ Referral - word of mouth ☒ Current/Previous Customer

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

Mum

What are your goals or reasons for getting massage?

Relieve general tightness/soreness

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.

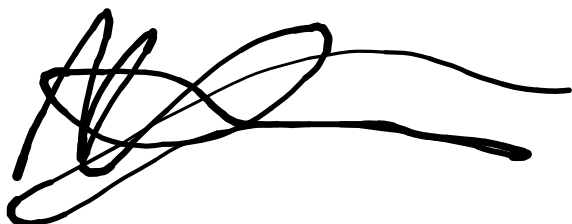
It's ok to discuss my treatment with my doctor, physio or referring health practitioner.

☒ 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 several loops and a long horizontal stroke extending to the right.



Personal Information			
Full Name <i>ANDREW DONATO</i>		Occupation <i>MANAGER</i>	
Postal Address <i>11/7-9 LE GRANDE STREET</i>			
Home Phone	Work Phone	Mobile <i>0423959009</i>	
Email Address <i>andrew1864@hotmail.com</i>			
Please circle: what is the fastest / best way to get a response from you (e.g. when confirming a massage)			
<input checked="" type="radio"/> Text Message	<input type="radio"/> Home Telephone	<input type="radio"/> Work Telephone	<input type="radio"/> Email <input type="radio"/> Facebook Message
Emergency Contact Name: <i>CHLOE WATKINS</i>	Emergency Contact Number: <i>0459 640 681</i>	Relationship to you (e.g. Partner). <i>PARTNER</i>	
Is it ok to email you massage tax invoices? Please circle: Yes (please email) / No (please print)		Please circle if you use any of the following: Facebook / Twitter / Instagram / Pinterest / Linked In	
Anything new about your health / medical history? (Allergies / injuries / accidents / surgery / medications)			
Health Fund Name		Massage pressure: Gentle <input checked="" type="radio"/> Firm <input checked="" type="radio"/> Hard <input type="radio"/> Very Hard	
Client Signature <i>[Signature]</i>		Date	

☐ Office - Please tick after updated information is electronically entered

Client Record Remedial Massage



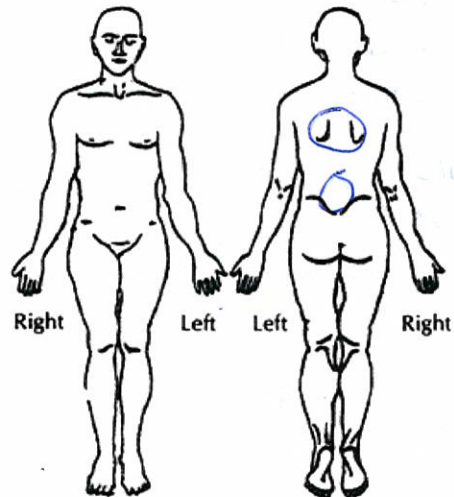
Full Name Andrew Donald Date of Birth 29/3/92
 Postal Address 14 Cypress drive Redlynch
 Home Phone 40390216 Work _____ Mobile 0423 959009
 Email Address andrew1864@hotmail.com Health Fund MBF
 Emergency Contact Details - Name and Number Karen Mary penny 40330832
 Current Doctor Chris Goodal Referred By _____
 Occupation and how long Mechanic, 1 year
 Physical Activities/Hobbies/Exercise Gym, Squash
 Medical History (operations/illnesses/accidents/injuries) _____

Medications - Prescribed or Natural: _____

Some conditions require your massage to be modified.
 Please tick all conditions below that apply to you NOW.
 Please put the letter "P" next to any past conditions.

- ☐ Allergies / Asthma
- ☐ Any Contagious Disease / Skin Problem
- ☐ Arthritis
- ☐ Blood Pressure / Heart Problems
- ☐ Bruising
- ☐ Chronic Pain
- ☐ Cold / Flu
- ☐ Diabetes
- ☐ Dizziness
- ☐ Fractured bones
- ☐ Headache
- ☐ Numbness / Tingling
- ☐ Pregnant or Breastfeeding
- ☐ Recent Illness / Surgery
- ☒ Spinal / Back Problems
- ☐ Sprained/strained muscles
- ☐ Varicose Veins

Please circle areas of soreness or pain on the body chart below:



Amount of Pain (1-10): 3
 Type (sharp, dull, aching etc) aching
 When is the pain worst? _____
 What relieves the pain? _____

Please circle any areas you DON'T want massaged: Face Head Chest Stomach Back Buttocks Arms Legs Feet

Please circle what type of massage pressure you prefer: Gentle Firm Hard Very Hard



- All the information a client provides will help determine an appropriate massage treatment.
- It is the client's responsibility to notify the clinic if changes occur regarding any details listed above.
- Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulation.

Signature: [Signature] Date: 1/10/10

Focus On Movement Owner Christine Jervis is a professional member of:



PLEASE READ THIS INFORMATION CAREFULLY

Every massage treatment has potential risks; such as causing pain, bruising, infection, burns (from heat therapy), feeling sleepy, fainting, aggravating pre-existing conditions, or creating an aromatic response (irritating/photo-sensitising skin, causing blood thinning, euphoria or interacting with medications or homeopathic remedies).

To minimise possible risk, you must:

Be honest about the information you provide regarding your health.
(especially if you have heart/kidney/immune/health problems, are pregnant/breastfeeding).

Tell your therapist if you have sensitive skin, bruise easily, have any known health problems, if the temperature becomes unbearable (too hot or cold), if the massage pressure level is too intense or if you become uncomfortable at any stage in the treatment.

After treatment, it is common to feel relaxed or sleepy – please get up very slowly from the treatment table and give yourself time to adjust before driving or using stairs.
Keep well hydrated with water especially in the 24-48 hours after treatment.

It may be necessary to discuss your condition and/or treatment with your doctor, physiotherapist or referring health care practitioner - you will be informed if this occurs. Do you agree to such discussion to improve your health?

☒ **Yes** ☐ **No**

Please tick the boxes below once you read and agree with each statement:

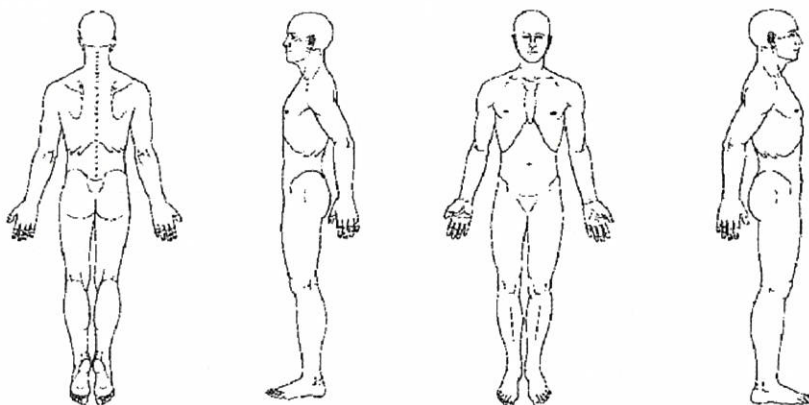
- ☒ I understand there are possible significant risks, complications and side-effects to any treatment I receive.
- ☒ I have the right to ask for further information or to refuse treatment of breast, buttock or groin areas.
- ☒ I know that the therapist and I both have the right to refuse or stop any treatment at any time.
- ☒ I agree to read the information brochure I will be given to take home at the end of my first session.

Your
Signature:

Your Name:

Date:

SOAP = SUBJECTIVE (clients states) **OBJECTIVE** (therapist observations, treatment) **ANALYSIS** (what worked, didn't) **PLAN** (plans for next session, advice, goals)
TOTAPS = TALK (history/area/symptoms) **OBSERVE** (signs) **TOUCH** (Palpate) **ACTIVE** Movement (Client's ROM) **PASSIVE** Movement **SKILLS** Test (client co-ordination)
Head (chin/ears) **Trunk** (spine) **Shoulder** (height/pro-retract) **Arms** (elbows/forearms/wrist/fingers) **Hips** (tilt) **Knees** (level) **Ankles** (toes/in-evert).
Movement Check: Flexion/Extension/Lateral Flexion/Rotation (internal/external)/Abduction/Adduction/Supination/Pronation/Eversion/Inversion



OBSERVATION/PALPATION/ASSESSMENT Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed:

Seen chiro before. Vhainy legs.
 Had history of pain since ~12+yrs

TREATMENT NO. 1 S = Client been feeling tightness in body esp during some poses - bent over car or under a car (flex & abd.)
 Lender

DATE: 01.09.10
 TIME: 11:50 AM
 PAID: \$85 INITIAL
 REC.No: 1020 EFBS
 AIR TEMP: 23°C
 MUSIC: Twilight Mix 1-3
 FACE CREST: Low
 SUPINE SCENT: Lemon
 OIL BLEND: Relax
 HT: Feet + Anus
 EXTRA: hands

O/A: L'scaps tight + traps up L esp tight
 P'scaps tight. Traps
 ES tight L'scaps tight, R larger
 Rhomb region long legs

☐ Full Body ☐ STOMACH
 ARMS ☐ Prone ☐ Supine ☐ MS LEGS
 TP rhomb/g/med/ham/traps
 Fx occip/neck/1TMJ/Act/ST
☐ Talked ☐ Quiet when sore - Deep Breathing
 ROM 1st after MS - Good range but
 FBACK Felt v tired / relaxed hips

TREATMENT NO. 2 S = Client been feeling tightness in his body in his hips / shoulders. Some bruising

DATE: 09.2.16
 TIME: 11:50 AM
 PAID: \$88
 REC.No: 1hr
 AIR TEMP: 25°C
 MUSIC: Mix MS 1-15
 FACE CREST: Low
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Mand/Tang
 EXTRA: (A) Fave

O/A: P'scaps tight
 P'scaps tight
 ES tight
 Rhomb region long
 overfused

☐ Full Body ☐ STOMACH
 ARMS ☐ Prone ☐ Supine ☐ MS LEGS
 TP rhomb/g/med/ham/traps
 Fx occip/neck/1TMJ/Act/ST
☐ Talked ☐ Quiet when sore - Deep Breathing
 ROM 1st after MS - Good range but
 FBACK Felt v tired / relaxed hips

TREATMENT NO. 3 S = Client been feeling tightness in her body in her legs / shoulders

DATE: 16.2.16
 TIME: 11:50 AM
 PAID: \$88
 REC.No: 1hr
 AIR TEMP: 25°C
 MUSIC: Mix MS 1-15
 FACE CREST: Low
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Mand/Tang
 EXTRA: (A) Fave

O/A: P'scaps tight + short
 P'scaps tight
 ES tight
 Rhomb region long
 overfused

☐ Full Body ☐ STOMACH
 ARMS ☐ Prone ☐ Supine ☐ MS LEGS
 TP rhomb/g/med/ham/traps
 Fx occip/neck/1TMJ/Act/ST
☐ Talked ☐ Quiet when sore - Deep Breathing
 ROM 1st after MS - Good range but
 FBACK Felt v tired / relaxed hips

TREATMENT NO. 4 S = Client been feeling tightness in her body in her legs / shoulders

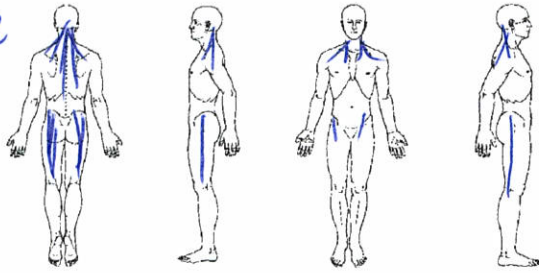
DATE: 16.2.16
 TIME: 11:50 AM
 PAID: \$88
 REC.No: 1hr
 AIR TEMP: 25°C
 MUSIC: Mix MS 1-15
 FACE CREST: Low
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Mand/Tang
 EXTRA: (A) Fave

O/A: P'scaps tight + short
 P'scaps tight
 ES tight
 Rhomb region long
 overfused

☐ Full Body ☐ STOMACH
 ARMS ☐ Prone ☐ Supine ☐ MS LEGS
 TP rhomb/g/med/ham/traps
 Fx occip/neck/1TMJ/Act/ST
☐ Talked ☐ Quiet when sore - Deep Breathing
 ROM 1st after MS - Good range but
 FBACK Felt v tired / relaxed hips

TREATMENT NO. 4S = Client been feeling tight muscles from training

DATE: 4.04.16
TIME: 12:30
PAID: B'day voucher
REC.No: Inv.
AIR TEMP: 25
MUSIC: Pa
FACE CREST: Pa
SUPINE SCENT: Pa
OIL BLEND: Pa
HT: Relax - f fold
CST: 2 x 4
HST: 2 x back



O/A:

Deltoideals tight
ES tight
rhomb region cong

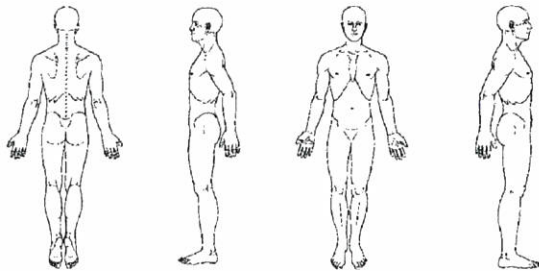
☐ Full Body ☐ STOMACH
ARMS ☐ Prone ☐ Supine LEGS
TP rhomb / Q's / g med /
Fx rhomb / ES
☐ Talked ☐ Quiet Sleepy > ms Breathing
ROM 78cd > ms Really enjoyed m.
FBACK feet better > ms

P = competition on Sat

TREATMENT NO. _____

S = _____

DATE: _____
TIME: _____
PAID: _____
REC.No: _____
AIR TEMP: _____
MUSIC: _____
FACE CREST: _____
SUPINE SCENT: _____
OIL BLEND: _____
HT: _____
CST: _____
HST: _____



O/A:

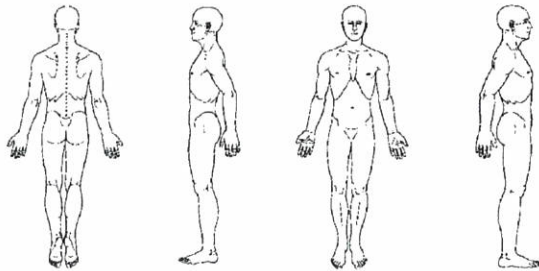
☐ Full Body ☐ STOMACH
ARMS ☐ Prone ☐ Supine LEGS
TP
Fx
☐ Talked ☐ Quiet Breathing
ROM
FBACK

P = _____

TREATMENT NO. _____

S = _____

DATE: _____
TIME: _____
PAID: _____
REC.No: _____
AIR TEMP: _____
MUSIC: _____
FACE CREST: _____
SUPINE SCENT: _____
OIL BLEND: _____
HT: _____
CST: _____
HST: _____



O/A:

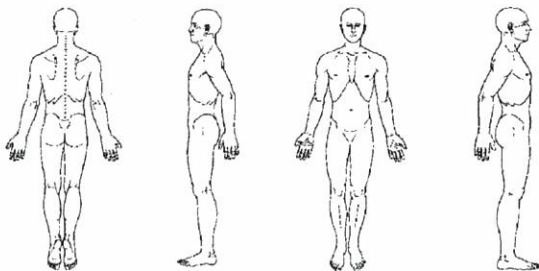
☐ Full Body ☐ STOMACH
ARMS ☐ Prone ☐ Supine LEGS
TP
Fx
☐ Talked ☐ Quiet Breathing
ROM
FBACK

P = _____

TREATMENT NO. _____

S = _____

DATE: _____
TIME: _____
PAID: _____
REC.No: _____
AIR TEMP: _____
MUSIC: _____
FACE CREST: _____
SUPINE SCENT: _____
OIL BLEND: _____
HT: _____
CST: _____
HST: _____



O/A:

☐ Full Body ☐ STOMACH
ARMS ☐ Prone ☐ Supine LEGS
TP
Fx
☐ Talked ☐ Quiet Breathing
ROM
FBACK

P = _____

EXTRA
NEXT APPT: _____

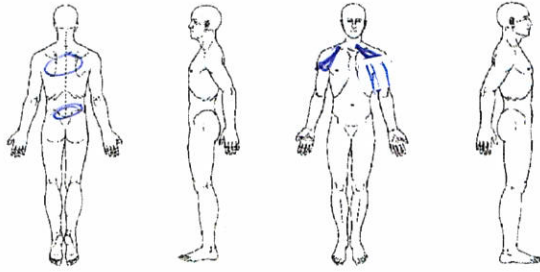
TREATMENT NO. 

DATE: 2/5/18
TIME: 2-15pm
PAID: G.V.
REC.No:
AIR TEMP: 24
MUSIC: All tunes
FACE CREST:
SUPINE SCENT: Cemen
OIL BLEND: Mand
HT: 22
CST
HST: x4

EXTRA
NEXT APPT:

S - neck only

Andrew D



P = firm -> hard

O/A: mid tx curved
both shoulders roll in.

☒ Full Body ☐ STOMACH
ARMS ☒ Prone ☐ Supine LEGS ☒ ☒
TP
Fx
☐ Talked ☒ Quiet Breathing
ROM
FBACK

MERRY CHRISTMAS!



To: Andrew



Your Gift is a 60 minute Remedial Massage
with Aromatherapy and Hot Towels

From:

Lots of Love
mum + Dad
xxx



focus on  movement

PHONE: 0439 775 003
CLINIC: 51 Lyndel Drive Woree 4868
WEB: www.focusonmovement.com.au

Andrew Donald 2/5/18



focus on movement

www.focusonmovement.com.au

massage / aquatics

Phone 0439 775 003



Special gift for you

Your gift includes our specialized

60 minute Remedial Massage Treatment

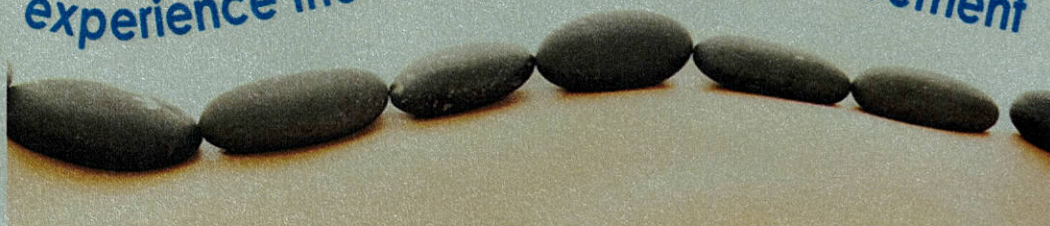
Including Aromatherapy, Thermal Stones and Hot Wet Towels.

On our electric Massage Table in our Remedial Massage Clinic.

Our Mission is to help you



experience the benefits of healthy movement



Gift Certificate #1213 issued December 2017.

Valid for 6 months.

Gift Certificates are not transferable, refundable or redeemable for cash.

Appointments are essential and available Tuesday – Saturday. Saturday costs extra.

Please mention this Gift Certificate when making your appointment time.



PROFESSIONAL MEMBERSHIP

