

Brendan Croghan

DOB 4 Feb 1987  
Occupation Financial Officer

Appointments

Date	Time	Type	Practitioner
30 Dec 2024	4:15PM – 5:15PM	60 minute Massage	Christine Jervis
31 Oct 2020	9:20AM – 10:20AM	Massage COMPREHENSIVE Consultation REBOOK	Christine Jervis
7 Mar 2020	10:00AM – 11:00AM	Massage COMPREHENSIVE Consultation REBOOK	Christine Jervis
1 Feb 2020	8:40AM – 9:40AM	60 minute Massage	Christine Jervis
14 Dec 2019	8:40AM – 9:40AM	60 minute Massage	Christine Jervis
1 Jul 2019	5:30PM – 6:30PM	60 minute Massage	Marina Franke
27 Oct 2018	8:30AM – 9:30AM	60 minute Massage	Marina Franke

Treatment Notes

Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 30 Dec 2024, 4:15PM  
**Created:** 30 Dec 2024, 5:24PM  
**Last updated:** 30 Dec 2024, 5:25PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - What's going on now - client very sore from moving house and selling prep

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

Injury

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

2x shoulder reconstructions when 15 & 16yrs old. Limited ROM as a result.  
  
Today - Soccer injury to back.

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.  
ROM - quality improved shoulder/neck.  
Anything noteworthy - L shoulder scars and limited function.  
Anything specific to massage (E.g. no foot massage) - limited ROM shoulder.

<b>Treatment details - what was done today to help the client</b>	Pressure used - 3-4 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - Lower Body Topical Treatment - Fisiocrem shoulders Music - Ian Cam Smith Aromatherapy Massage oil - Lav/Peppt Spritzer - Peppt Euc  FB Massage to help all over - tenderness through legs, back and shoulders.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses; Lower body focus (legs, feet, hips, abdomen)
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; SITS; Deltoids; ITBs; TFLs; Forearms
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt good after treatment.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Recon stretch out
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

### Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 31 Oct 2020, 9:20AM  
**Created:** 15 Nov 2020, 5:25AM  
**Last updated:** 15 Nov 2020, 5:27AM

### Standard Consultation - Remedial Massage

<b>Presenting complaint (relevant medical history or client info)</b>	What's going on now - What's going on now - client injured back with so much running. Hasn't been playing soccer or exercising because so sore and injured.
<b>Medication or relevant procedures / info identified that may affect the massage.</b>	Injury
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	2x shoulder reconstructions when 15 & 16yrs old. Limited ROM as a result.  Today - Soccer injury to back.

<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - quality improved shoulder/neck. Anything noteworthy - L shoulder scars and limited function. Anything specific to massage (E.g. no foot massage) - limited ROM shoulder.
<b>Treatment details - what was done today to help the client</b>	Pressure used - 3-4 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - Lower Body Topical Treatment - Fisiocrem shoulders Music - Norah Jones Aromatherapy Massage oil - Mand/Tang Spritzer - Orange  FB Massage to help all over - tenderness through legs, back and shoulders.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses; Lower body focus (legs, feet, hips, abdomen)
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; SITS; Deltoids; ITBs; TFLs; Forearms
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt good after treatment.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	New baby in November so coming up to 6 weeks off.
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

### Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 7 Mar 2020, 10:00AM  
**Created:** 7 Mar 2020, 11:05AM  
**Last updated:** 7 Mar 2020, 11:34AM

### Standard Consultation - Remedial Massage

<b>Presenting complaint (relevant medical history or client info)</b>	What's going on now - What's going on now - client's legs sore esp calves from exercise (still doing soccer). Not as much running as been busy at work. Bone bruise on R ankle. Feedback from previous treatment - felt better after last treatment.
<b>Medication or relevant procedures / info identified that may affect the massage.</b>	Injury
<b>Details of Medications / Red Flags /</b>	2x shoulder reconstructions when 15 & 16yrs old. Limited ROM as a result.

<b>Precautions needed etc (i.e. conditions listed above)-</b>	Today - fresh injury. Bruising and swelling from bone contact hit @ soccer.
<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - quality improved shoulder/neck. Anything noteworthy - L shoulder scars and limited function. Anything specific to massage (E.g. no foot massage) - limited ROM L shoulder.
<b>Treatment details - what was done today to help the client</b>	Pressure used - 3-4 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Arms/Hands Hot Pack - Lower Body Topical Treatment - Fisiocrem shoulders Music - Yanni if there Aromatherapy Massage oil - Euc/Pepp/Rosem Spritzer - Grapefruit  General tightness - remedial techniques - gentle treatment today. Lots of flushing on ankle. Some tenderness throughout legs from running and could feel tightness. No stomach Ms today.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses; Lower body focus (legs, feet, hips, abdomen)
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; SITS; Deltoids; ITBs; TFLs; Forearms
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Felt good - loved the neck massage especially today.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed how massage can help when regular treatments done. Looking forward to getting regular massage for himself (or his wife will take the appointment). Discussed getting a sauna in the future too.
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

### Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 1 Feb 2020, 8:40AM  
**Created:** 1 Feb 2020, 11:09AM  
**Last updated:** 2 Feb 2020, 3:54AM

### Standard Consultation - Remedial Massage

**Presenting complaint (relevant medical history or client info)** What's going on now - What's going on now - client's legs very sore esp calves from exercise. Starting soccer this week - wants to get into it if he can.  
Feedback from previous treatment - v. sore shoulders for 3 days, otherwise felt better.

<b>Medication or relevant procedures / info identified that may affect the massage.</b>	Injury
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	2x shoulder reconstructions when 15 & 16yrs old. Limited ROM as a result.
<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - quality improved shoulder/neck. Anything noteworthy - L shoulder scars and limited function. Anything specific to massage (E.g. no foot massage) - limited ROM L shoulder.
<b>Treatment details - what was done today to help the client</b>	Pressure used - 3-4 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Arms/Hands Hot Pack - Lower Body Topical Treatment - Fisiocrem shoulders Music - Yanni if there Aromatherapy Massage oil - Euc/Pepp/Rosem Spritzer - Jasmine  General tightness - remedial techniques on lower especially. Lots of flushing. some tenderness throughout legs from running. No stomach Ms - just psoas release points.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses; Lower body focus (legs, feet, hips, abdomen)
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; SITS; Deltoids; ITBs; TFLs; Forearms
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Improved ROM. Enjoyed the massage. Felt better after it.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed how massage can help when regular treatments done. Looking forward to getting a monthly massage for himself (or his wife will take the appointment). Discussed getting a sauna in the future too.
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

### Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 14 Dec 2019, 8:40AM  
**Created:** 15 Dec 2019, 2:16AM  
**Last updated:** 15 Dec 2019, 2:28AM

## Standard Consultation - Remedial Massage

<b>Presenting complaint (relevant medical history or client info)</b>	What's going on now - neck/shoulder pain. Some back pain. Returned to exercise - lost 18kg thus far. Lots of Christmas parties to attend at the moment.
<b>Medication or relevant procedures / info identified that may affect the massage.</b>	Injury
<b>Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-</b>	2x shoulder reconstructions when 15 & 16yrs old. Limited ROM as a result.
<b>Assessment / Testing done (including ROM) / Observations</b>	Verbal consent obtained. ROM - quality improved shoulder/neck. Anything noteworthy - L shoulder scars. Anything specific to massage (E.g. no foot massage) - limited ROM L shoulder.
<b>Treatment details - what was done today to help the client</b>	Pressure used - 3-4 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - Upper Body then Lower Body Topical Treatment - Fisiocrem shoulders Music - Norah Jones Aromatherapy Massage oil - Euc/Pepp Spritzer - Neroli  General tightness - remedial techniques on upper especially.
<b>What parts of the body were massaged?</b>	Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone - quick stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	Rhomboids; Upper Traps; Lev Scaps; Pecs; SITS; Deltoids; ITBs; TFLs; Forearms
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Improved ROM. Enjoyed the massage. Didn't realise his legs were so sore.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed how massage can help when regular treatments done.

## Infra-Red Sauna (if applicable - info is below)

**Time in Sauna (minutes) -**

**Feedback after treatment -**

## Standard Consultation - Remedial Massage

**Practitioner:** Marina Franke  
**Appointment:** 1 Jul 2019, 5:30PM  
**Created:** 1 Jul 2019, 5:34PM

Last updated: 1 Jul 2019, 6:52PM

**Standard Consultation - Remedial Massage**

**Presenting complaint (relevant medical history or client info)** What's going on now -R neck pain,Lshoulderlong term  
Feedback from previous treatment -

**Details of Medications / Red Flags etc (i.e. conditions listed above)-** 2x shoulder reconstructions when 15 & 16yrs old

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

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

**Assessment / Testing done (including ROM) / Observations** Verbal consent obtained.  
ROM -  
Anything noteworthy -  
Any precautions / Red Flags -  
Anything specific to massage - E.g. no foot massage

**Treatment details - what was done today to help the client** Pressure used firm/hard combo  
Hot Stones -4  
Hot Wet Towels -2  
Cupping area -t12=C7  
Topical Treatment -  
Music -nora jones mix  
Aromatherapy pep euc/rosemary

**What parts of the body were massaged?** Full Body Treatment; Gluteals / Lower Back; Arms - Prone; Legs - Prone; Feet

**Where any specific trigger points used?** Upper Traps; Lev Scaps; Deltoids; SCMs

**Body Chart**

**Feedback after treatment -** enjoyed harder massage, no supine legs due to extra time on back

**Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)** pecs

**Infra-Red Sauna**

**Time in Sauna (minutes) -**

**Feedback after treatment -**

**Standard Consultation - Remedial Massage**

**Practitioner:** Marina Franke  
**Appointment:** 27 Oct 2018, 8:30AM  
**Created:** 27 Oct 2018, 9:32AM

Last updated: 27 Oct 2018, 12:56PM

**Standard Consultation - Remedial Massage**

**Presenting complaint (relevant medical history or client info)** What's going on now - general, R shoulder, long term  
Feedback from previous treatment -

**Details of Medications / Red Flags etc (i.e. conditions listed above)-** 2x shoulder reconstructions when 15 & 16yrs old

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

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

**Assessment / Testing done (including ROM) / Observations** Verbal consent obtained.  
ROM -  
Anything noteworthy -  
Any precautions / Red Flags -  
Anything specific to massage - E.g. no foot massage

**Treatment details - what was done today to help the client** Pressure used -med/firm combo  
Hot Stones -4  
Hot Wet Towels -2  
Cupping area -t12=C7  
Topical Treatment -  
Music -instrumental  
Aromatherapy -tangerine

**What parts of the body were massaged?** Full Body Treatment; Arms - Prone

**Where any specific trigger points used?** Upper Traps; Lev Scaps; Deltoids; SCMs

**Body Chart**

**Feedback after treatment -**

**Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)** pecs

**Infra-Red Sauna**

**Time in Sauna (minutes) -**

**Feedback after treatment -**

**Patient Forms**

There are no patient forms for Brendan Croghan.



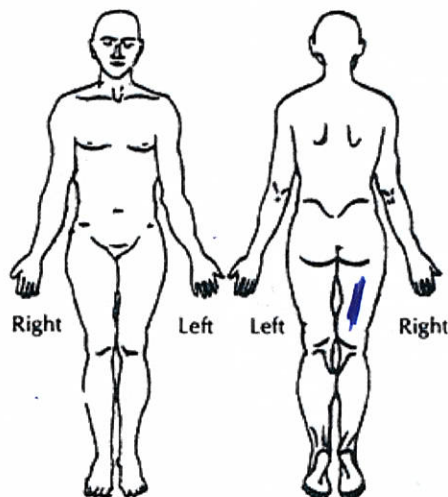
Full Name Brendan Croghan Date of Birth 4/2/87  
 Postal Address 18 Kestrel St Bayview Heights  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile 0417451058  
 Email Address \_\_\_\_\_ Health Fund BUPA  
 Emergency Contact Details - Name and Number Jessie-lee Jones 0412 900 286  
 Current Doctor \_\_\_\_\_ Referred By [Signature]  
 Occupation and how long Financial - 3 years  
 Physical Activities/Hobbies/Exercise Soccer / Fishing  
 Medical History (operations/illnesses/accidents/injuries) 2 Shoulder Reconstructions (Left side) Torn Adductor Muscle (Left side) Strained H/String @ the moment (Right)  
 Medications - Prescribed or Natural: \_\_\_\_\_

Some conditions require your massage to be modified.  
 Please tick all conditions below that apply to you NOW.

- ☐ Allergies / Asthma
- ☐ Any Contagious Disease / Skin Problem
- ☐ Arthritis
- ☐ Blood Pressure / Heart Problems
- ☐ Bruise Easily / Blood clotting problems
- ☐ Cancer
- ☐ Chronic Pain
- ☐ Cold / Flu
- ☐ Constipation ☐ NOW ☐ SOMETIMES ☐ MOST OF THE TIME
- ☐ Diabetes ☐ TYPE 1 ☐ TYPE 2
- ☐ Dizziness
- ☐ Fractured bones
- ☐ Headache ☐ NOW ☐ SOMETIMES ☐ MOST OF THE TIME
- ☐ Numbness / Tingling
- ☐ Recent Illness / Surgery
- ☐ Spinal / Back Problems
- ☒ Sprained/strained muscles

Details \_\_\_\_\_

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



Amount of Pain (1-10): 5  
 Type (sharp, dull, aching etc) \_\_\_\_\_  
 When is the pain worst? Running  
 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 helps determine an appropriate massage treatment.  
 Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulation.  
**CLIENTS** - if you develop any further complications/symptoms/problems or your details change, **PLEASE ADVISE ASAP.**

Signature: \_\_\_\_\_

Date: 18/5/2013

**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 existing conditions, or creating an aromatic response (irritating/photo-sensitising skin, cause blood thinning, euphoria or interact with medications or homeopathic remedies).

**To minimise possible risk, you must:**

**Be honest** about the information you provide regarding your health: especially for heart/kidney/immune/health problems, if you're 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.

**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/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 - after you read and agree with each statement:**

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



Your  
Signature:

Your Name:

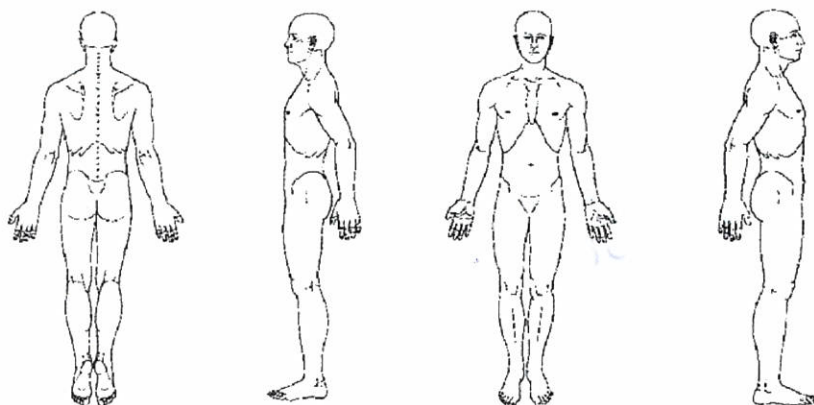
Brendan Croghan

Date:

18-5-13



**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:

**TREATMENT NO.** 1 S= client been feeling tightness in his body - needing a m/s.

**DATE:** 18.05.13

**TIME:** 11/5 SAT

**PAID:** \$95 - \$100 diff

**REC.No:** PAID

**AIR TEMP:** 25

**MUSIC:** Norah

**FACE CREST:** Jaw

**SUPINE SCENT:** Lem

**OIL BLEND:** Relax

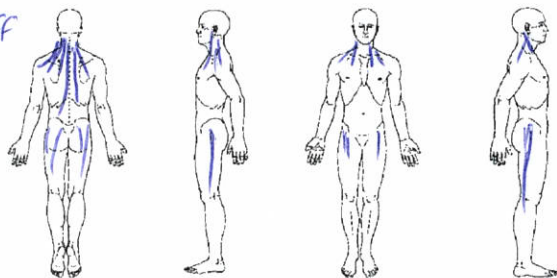
**HT:** Mandi tang

**CST:** (A) Face

**HST:** 2x12

**EXTRA:** Feet + Face

**NEXT APPT:**



O/A:

Deltoids tight. Traps tight  
ES tight Traps up tight  
Rhomb region cong

☒ Full Body ☐ STOMACH - over level psoa  
 ARMS ☐ Prone ☐ Supine MS LEGS  
 TP occ/scalp/mtr  
 Fx GT/rhomb/traps  
☐ Talked ☐ Quiet Quiet Breathing  
 ROM Used > MS  
 FBACK Felt better > MS

**TREATMENT NO.** 2 S= client been feeling tightness in his body after doing lots of exercise

**DATE:** 8/2/14

**TIME:** \$95 hr

**PAID:** PMOS SAT

**REC.No:** PAID

**AIR TEMP:** 25

**MUSIC:** Enya I

**FACE CREST:** Jaw

**SUPINE SCENT:** Lem

**OIL BLEND:** Relax

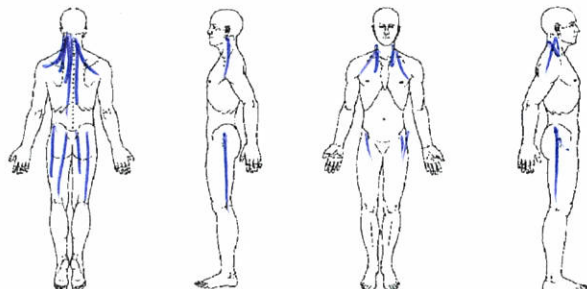
**HT:** Mandi tang

**CST:** (A) Face

**HST:** 2x12

**EXTRA:** Feet + Face

**NEXT APPT:**



O/A:

Psoa tight. Traps up tight  
Deltoids tight  
ES tight. Psoa tight  
Rhomb region cong

☒ Full Body ☐ STOMACH  
 ARMS ☐ Prone ☐ Supine MS LEGS  
 TP rhomb/g med/traps/harms  
 Fx occ/scalp/mtr  
☐ Talked ☐ Quiet Quiet Breathing  
 ROM Used > MS  
 FBACK felt better > MS

**TREATMENT NO.** 3 S= client been feeling tightness in his lx region hips / legs / shoulders Dislocated L big toe + ankle rolled

**DATE:** 24.06.14

**TIME:** hr \$98

**PAID:** 1030

**REC.No:** 3394

**AIR TEMP:** 25

**MUSIC:** Kenny G I

**FACE CREST:** Jaw

**SUPINE SCENT:** Lem

**OIL BLEND:** Relax

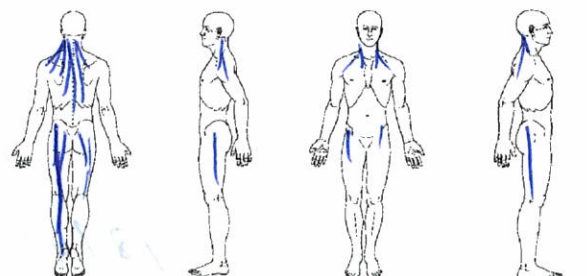
**HT:** Mint / Band

**CST:** (A) Face

**HST:** 2x12

**EXTRA:** Feet + Face

**NEXT APPT:**



O/A:

Felt tender C7 region  
Psoa tight. Traps up tight  
ES tight  
Rhomb region cong

☒ Full Body ☐ STOMACH - over stomach  
 ARMS ☐ Prone ☐ Supine MS LEGS  
 TP rhomb/g med/harm/traps  
 Fx felt better > MS  
☐ Talked ☐ Quiet Quiet Breathing  
 ROM Used > MS - lots of ROM on back/hips  
 FBACK

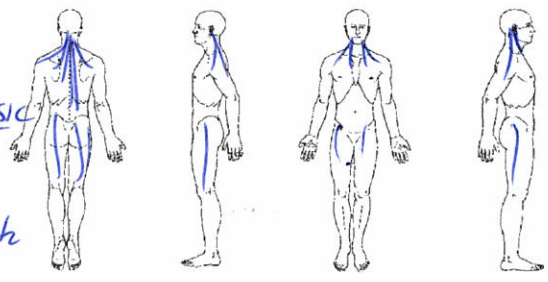
**EXTRA:** Getting married on weekend. 3 wk honeymoon -  
**NEXT APPT:** Remom see Julie ~ ankle if pain persists



TREATMENT NO. 4

DATE: 12.03.15  
TIME: 18.30  
PAID: 1hr  
REC.No: Refer notes  
AIR TEMP: 25  
MUSIC: Mixed Ms music  
FACE CREST: Low 1-15  
SUPINE SCENT: Relax  
OIL BLEND: Feet / Face  
HT: 2x + 2x back  
CST: 1x Face  
HST: Mand / Tang  
EXTRA: \_\_\_\_\_  
NEXT APPT: \_\_\_\_\_

S = Client been feeling tightness in his body + feeling stressed from work



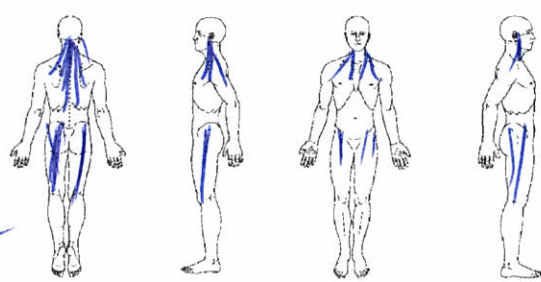
O/A: Deltoids tight  
Trap up tight. Pecs tight  
Pecs tight. ES tight  
Rhombus tight + Vaso  
☒ Full Body ☐ STOMACH  
ARMS ☐ Prone ☐ Supine MS LEGS  
TP rhomb / g med / ham / traps  
Fx ES / deltoids / pector  
☐ Talked ☐ Quiet Quiet Breathing  
ROM 1x2 > MS  
FBACK Feet better > MS

P = Perom client stretch out & look after body

TREATMENT NO. 5

DATE: 13.04.16  
TIME: 18.30  
PAID: 1hr  
REC.No: \_\_\_\_\_  
AIR TEMP: 25  
MUSIC: Low  
FACE CREST: Low  
SUPINE SCENT: Relax  
OIL BLEND: Feet / Face  
HT: 2x + 2x back  
CST: 1x Face  
HST: \_\_\_\_\_  
EXTRA: \_\_\_\_\_  
NEXT APPT: \_\_\_\_\_

S = Client been feeling tightness in her body in her hips / lx region



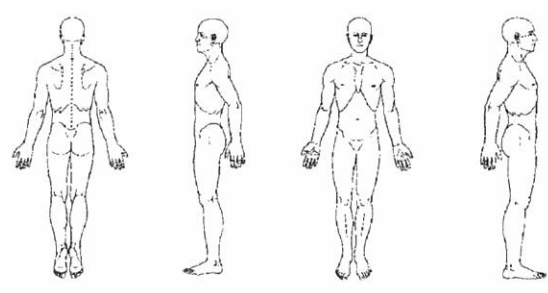
O/A: Pecs tight  
Deltoids tight  
ES tight  
Rhomb region long  
☒ Full Body ☐ STOMACH  
ARMS ☐ Prone ☐ Supine LEGS  
TP rhomb / g med / ham / traps  
Fx oce traps / traps  
☐ Talked ☐ Quiet Quiet Breathing  
ROM 1x2 > MS  
FBACK Feet better > MS

P = Perom client stretch out with body

TREATMENT NO. \_\_\_\_\_

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
PAID: \_\_\_\_\_  
REC.No: \_\_\_\_\_  
AIR TEMP: \_\_\_\_\_  
MUSIC: \_\_\_\_\_  
FACE CREST: \_\_\_\_\_  
SUPINE SCENT: \_\_\_\_\_  
OIL BLEND: \_\_\_\_\_  
HT: \_\_\_\_\_  
CST: \_\_\_\_\_  
HST: \_\_\_\_\_  
EXTRA: \_\_\_\_\_  
NEXT APPT: \_\_\_\_\_

S = \_\_\_\_\_



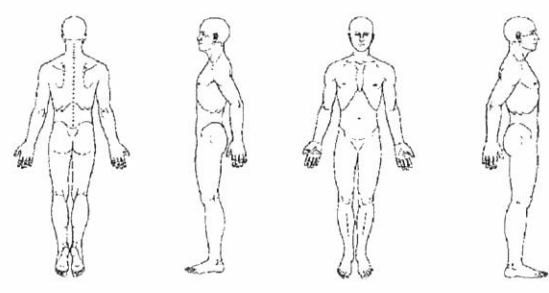
O/A: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Full Body ☐ STOMACH  
ARMS ☐ Prone ☐ Supine LEGS  
TP \_\_\_\_\_  
Fx \_\_\_\_\_  
☐ Talked ☐ Quiet \_\_\_\_\_ Breathing  
ROM \_\_\_\_\_  
FBACK \_\_\_\_\_

P = \_\_\_\_\_

TREATMENT NO. \_\_\_\_\_

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
PAID: \_\_\_\_\_  
REC.No: \_\_\_\_\_  
AIR TEMP: \_\_\_\_\_  
MUSIC: \_\_\_\_\_  
FACE CREST: \_\_\_\_\_  
SUPINE SCENT: \_\_\_\_\_  
OIL BLEND: \_\_\_\_\_  
HT: \_\_\_\_\_  
CST: \_\_\_\_\_  
HST: \_\_\_\_\_  
EXTRA: \_\_\_\_\_  
NEXT APPT: \_\_\_\_\_

S = \_\_\_\_\_



O/A: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Full Body ☐ STOMACH  
ARMS ☐ Prone ☐ Supine LEGS  
TP \_\_\_\_\_  
Fx \_\_\_\_\_  
☐ Talked ☐ Quiet \_\_\_\_\_ Breathing  
ROM \_\_\_\_\_  
FBACK \_\_\_\_\_

P = \_\_\_\_\_

TREATMENT NO. \_\_\_\_\_

S = Client's shoulder sore lately.

TREATMENT NO. 6

Office: ☐ Scanned & filed

BRENDAN CROGHAN

O/A: \_\_\_\_\_

DATE: 20.09.

TIME: 9 AM

AIR TEMP: WEDS

MUSIC: Ian Cam

FACE CREST: low

SUPINE SCENT: lem

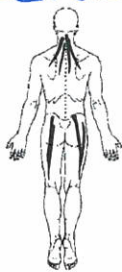
OIL BLEND: Relax

Hot Towel: Mand / Tong

Cold Stones: Feet / Fore

Hot Stones: 2 x low

Hot Stones: 2 x back



Pecs tight. ES + QLs taut  
Deltoids tight  
Rhombus tight + vasoda

☒ Full Body ☐ STOMACH

ARMS ☒ Prone ☒ Supine LEGS

TP rhomb / glutes / TBs

Fx sc traps / L Scaps

☐ Talked ☐ Quiet

ROM Tfeed > MS

FBACK Feet bottom > MS

Quiet Breathing

P = Client to stretch pso to help

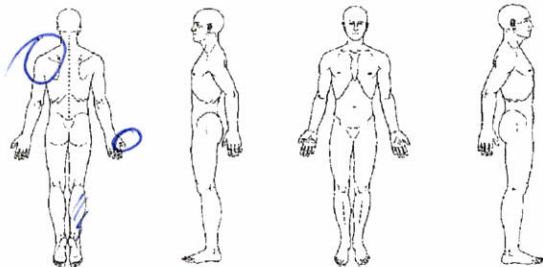
TREATMENT NO.



S = played cricket yesterday - sore.

DATE: 12/2/18  
 TIME: 11:30am  
 PAID: \$88 card  
 REC.No:  
 AIR TEMP: 23  
 MUSIC: mass tunes  
 FACE CREST:  
 SUPINE SCENT: lemon  
 OIL BLEND:  
 mand / tang  
 HT: feet chest  
 CST  
 HST: glutes v back

Brendan Croghan




O/A: R calf ↑ & tender  
 L lower lateral leg tender  
 L pec & biceps ↑

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

EXTRA: Brief cupping  
 NEXT APPT: 12 March.

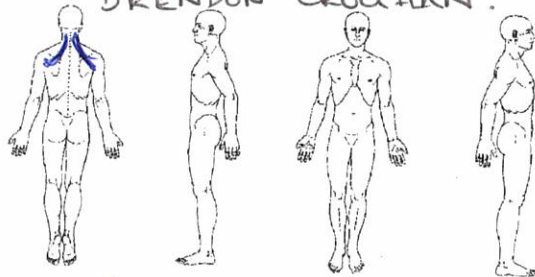
P = L shoulder 5 dislocations post. & surgery #2  
 R thumb sore - old injury.

TRI NT NO. 

S = DT on shoulders.

DATE: 12/3/18  
TIME: 11-30  
PAID: 6-v.  
REC.No:  
AIR TEMP: 23  
MUSIC: Ian Sam Smith  
FACE CREST:  
SUPINE SCENT: lemon  
OIL BLEND: M/R  
HT: feet chest  
CST:  
HST: glutes  
v-back.  
EXTRA  
NEXT APPT:

Brendan ~~Jessie Lee~~  
BRENDON CROGHAN.



O/A: ↑ v-back

☒ Full Body ☐ STOMACH  
ARMS ☒ Prone ☐ Supine LEGS ☒  
TP v-traps, lev scap etc.  
Fx  
☐ Talked ☒ Quiet Breathing  
ROM  
FBACK

P = ? cupping next visit on v-back.



Massage

aromatherapy

hot stones

pregnancy  
and infants

remedial

focus on movement



Contact

Phone 0439 775 003

Clinic 51 Lyndel Drive Woree Qld 4868

Web [www.focusonmovement.com.au](http://www.focusonmovement.com.au)

Aquatics

# A Gift of Healthy Movement

To: Brendan Coghlan

From: Jessie-Lee Jones

Your Gift: One hour initial Remedial Massage Date: 04.02.13

Valid for three months from the date of issue