



Personal Information			
Full Name		Occupation	
RUSSELL VALENTINE		PROJECT MANAGER.	
Postal Address		Mobile	
3 FIRE CLOSE, MT SHERIDAN		0400 142 118	
Home Phone	Work Phone		
07 40 3638 65	0400 724 214		
Email Address		Please circle: what is the fastest / best way to get a response from you (e.g. when confirming a message)	
rjvalenta@bigpond.net.au		Email Facebook Message	
Please circle: what is the fastest / best way to get a response from you (e.g. when confirming a message)		Relationship to you (e.g. Partner).	
Text Message Home Telephone Work Telephone		WIFE.	
Emergency Contact Details: Name and Number			
JULIE VALENTINE			
Is it ok to email you massage tax invoices?		Please circle if you use any of the following:	
Please circle: Yes (please email) / No (please print)		Facebook / Twitter / Instagram / Pinterest / Linked In	
Anything new about your health / medical history? (Allergies / injuries / accidents / surgery / medications)			
Client Signature		Date 16-11-16.	

☐ Office - Please tick after updated information is electronically entered

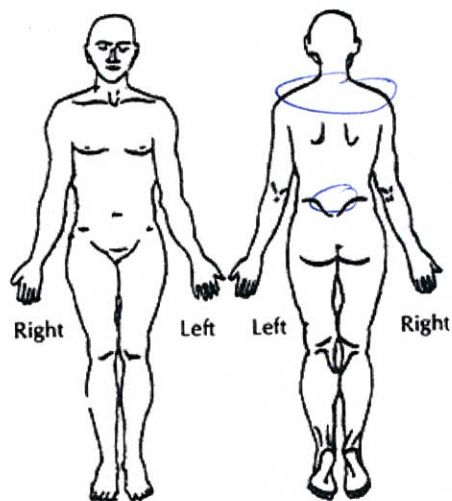
Full Name RUSSELL JOHN VALENTINE Date of Birth 3-1-1974
Postal Address 3 FIVE CLOSE, MTSHERIDAN, CAIRNS
Home Phone 40 363865 Work - Mobile 0400 142118
Email Address rjvalent@bigpond.net.au Health Fund DEFENCE HEALTH
Emergency Contact Details - Name and Number JULIE VALENTINE 40 363865
Current Doctor JOHN GADDERA Referred By _____
Occupation and how long ~~IT~~ FITTER & TURNER 22 YEARS
Physical Activities/Hobbies/Exercise TENNIS, SKIING
Medical History (operations/illnesses/accidents/injuries) REACTIVE ARTHRITIS
Medications - Prescribed or Natural: FENIC ANTI-INFLAMMATORY

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 REACTIVE
- ☐ 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): _____
Type (sharp, dull, aching etc) _____
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 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: 21-8-12

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:

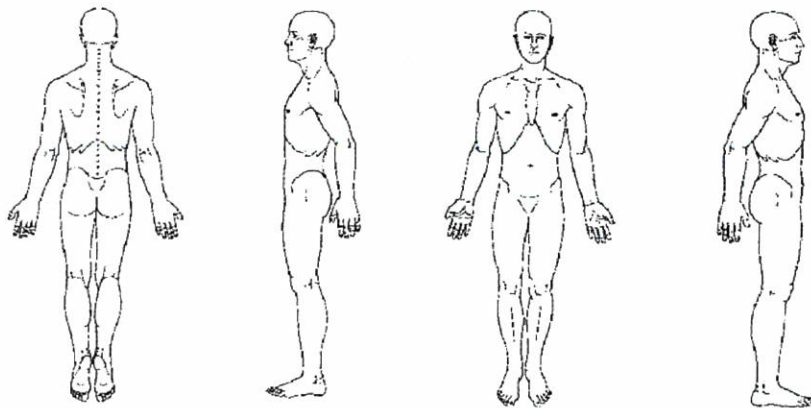
Your Name:

RUSSELL VALENTINS

Date:

21-8-12

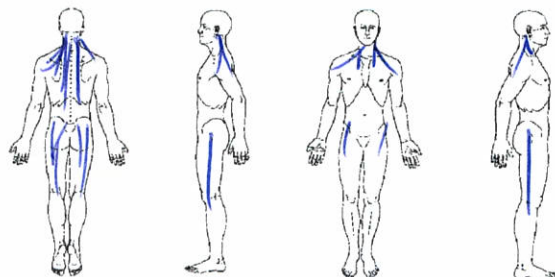
SOAP = SUBJECTIVE (clients states) **OBJECTIVE** (therapist observations, treatment) **ANALYSIS** (what worked, didn't) **PLAN** (plans for next session, advice, goals)
TOTAPS = TALK (history/area/symptoms) **OBSERVE** (signs) **TOUCH** (Palpate) **ACTIVE** Movement (Client's ROM) **PASSIVE** Movement **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 shoulders/neck + feel inflame in foot

DATE: 21 08.12
 TIME: 1030 TUES
 PAID: \$85 CASH
 REC.No: 2034 CASH
 AIR TEMP: 25
 MUSIC: Norah
 FACE CREST: Lau
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Feet + FH
 CST: Face
 HST: 2xLx
 EXTRA: 2x back
 NEXT APPT:

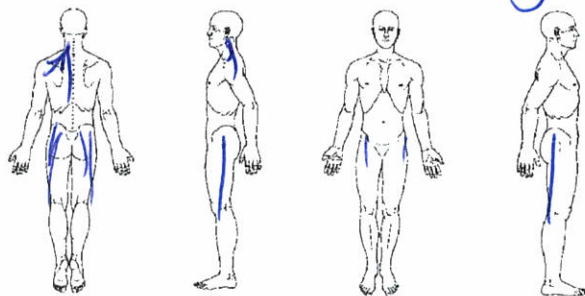


O/A: Pecs tight. Foot red, minor swell - dropped
 Deltoids tight back
 ES tight. Rls taut unit
 Rhomb region cong
☒ Full Body ☒ STOMACH
 ARMS ☒ Prone ☒ Supine MS LEGS
 TP occ/scalp/TMT
 Fx rhomb/traps/L'scapes
☒ Talked ☒ Quiet Breathing
 ROM Tied > ms
 FBAC Felt better swell colour skin pink

P = Re rom client look after self

TREATMENT NO. 2 S = Client been feeling tightness in body sore in back for 3 days (Lx) H'ache > last MS day after then ok - drank 3L 7M poss. hypovolaemic

DATE: 04 09.12
 TIME: \$25 1hr
 PAID: TUES 1030
 REC.No: 2042 C
 AIR TEMP: 25
 MUSIC: Jan Jan I
 FACE CREST: Lau
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Peppidau
 CST: A/H + Feet
 HST: 2xLx
 EXTRA: 2x back
 NEXT APPT:

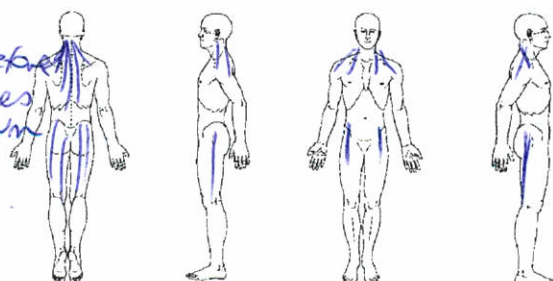


O/A: Pecs shad. TMT tense
 Deltoids tight. Wrist tight
 ES tight
 Rhomb region cong
☒ Full Body ☒ STOMACH - ant arms
 ARMS ☒ Prone ☒ Supine MS LEGS
 TP rhomb/neck/ham/IBs
 Fx occ/scalp/TMT
☒ Talked ☒ Quiet Breathing
 ROM Tied > ms
 FBAC Felt better > ms

P = Re rom client use heat tonight not so much water

TREATMENT NO. 3 S = Client been feeling tightness in her body in shoulders & elbow flexors prox elbow

DATE: 19 03.13
 TIME: TUES 1hr
 PAID: \$75
 REC.No: just before
 AIR TEMP: 25
 MUSIC: Kenny G moths
 FACE CREST: Lau albun
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Euc / Marjoram / H
 CST: Feet + Face
 HST: 2xLx
 EXTRA: 2x back
 NEXT APPT:



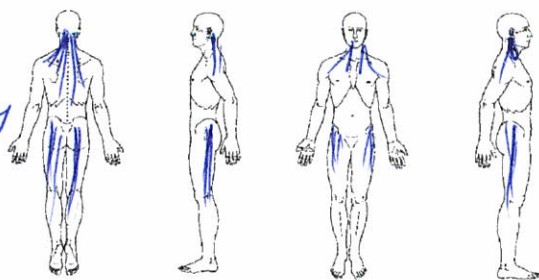
O/A: Traps up tight. Traps tight
 Pecs tight. Flexors tight
 Rhombas tight
 over to mel - ant legs
☒ Full Body ☒ STOMACH
 ARMS ☒ Prone ☒ Supine MS LEGS
 TP rhomb/traps/peas
 Fx occ/scalp/TMT
☒ Talked ☒ Quiet Breathing
 ROM Tied > ms
 FBAC Felt better > ms

P = Re rom client stretch out & discussed getting more reg MS

TREATMENT NO. 4

DATE: 04/03/15
 TIME: 8:30
 PAID: \$88
 REC.No: 114
 AIR TEMP: 25
 MUSIC: Jay Kenny
 FACE CREST: Jay
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Feet / Face
 CST: (A) Face
 HST: 2xln + 2xback
 EXTRA:
 NEXT APPT:

S = Client been feeling tightness in his body in his back esp @ night + in shoulders



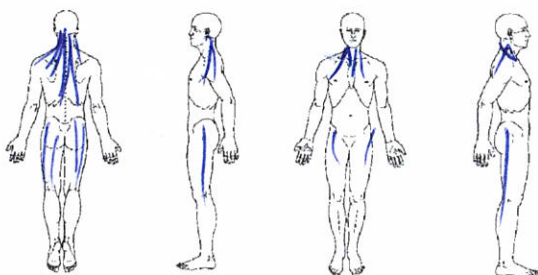
O/A: Pecs tight, traps up tight
 Deltoids tight
 ES tight + short
 Rhomb region cong
☒ Full Body ☒ STOMACH
 ARMS ☒ Prone ☒ Supine MS LEGS
 TP rhomb / g med / ham / traps
 Fx o/c traps / l / a / p / traps
☒ Talked ☒ Quiet Breathing
 ROM Used > ms
 FBACK Feet better > ms

P = Relax client stretch out & work on posture

TREATMENT NO. 5

DATE: 01/09/15
 TIME: \$88
 PAID: \$88
 REC.No: 114
 AIR TEMP: 25
 MUSIC: Kenny G
 FACE CREST: Jay
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: 2xln + 2xback
 CST: (A) Face
 HST: Feet / Face
 EXTRA:
 NEXT APPT:

S = Client been feeling diffen in his neck lately for ~ 2 - 3 weeks



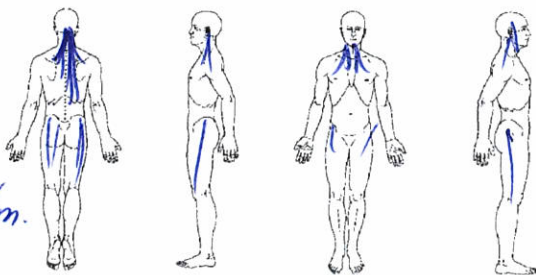
O/A: Deltoids tight
 ES tight
 Rhomb region cong
☒ Full Body ☒ STOMACH
 ARMS ☒ Prone ☒ Supine MS LEGS
 TP rhomb / g med / ham / traps
 Fx o/c traps / l / a / p / traps
☒ Talked ☒ Quiet Breathing
 ROM Used > ms
 FBACK Feet better > ms

P = Client to stretch out some to help pain doing lots of cycling @ the moment

TREATMENT NO. 6

DATE: 9.12.15
 TIME: \$88
 PAID: \$88
 REC.No: 4229
 AIR TEMP: 25
 MUSIC: Mix Ins 1-15
 FACE CREST: Jay
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Feet / Face
 CST: (A) Face
 HST: 2xln + 2xback
 EXTRA:
 NEXT APPT:

S = Client been feeling tightness in his neck + legs lots of riding 180kph week



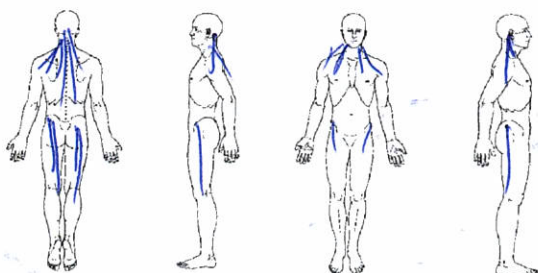
O/A: Traps up tight
 Deltoids tight
 ES tight
 Rhomb region cong
☒ Full Body ☒ STOMACH
 ARMS ☒ Prone ☒ Supine LEGS
 TP rhomb / g med / ham / traps
 Fx o/c traps / l / a / p / traps
☒ Talked ☒ Quiet Breathing
 ROM Used shoulders / neck esp
 FBACK Feet good - lots of tender spots

P = Discussed getting good rest over hol's

TREATMENT NO. 7

DATE: 24.05.16
 TIME: \$88
 PAID: \$88
 REC.No: 4456
 AIR TEMP: 25
 MUSIC: Enya I / II
 FACE CREST: Jay
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Feet / Face
 CST: (A) Face
 HST: 2xln + 2xback
 EXTRA:
 NEXT APPT:

S = Client been feeling tightness in his shoulders, neck



O/A: Pecs tight, traps up tight
 Deltoids tight
 ES tight
 Rhomb region cong
☒ Full Body ☒ STOMACH
 ARMS ☒ Prone ☒ Supine MS LEGS
 TP rhomb / g med / ham / traps
 Fx o/c traps / l / a / p / traps
☒ Talked ☒ Quiet Breathing
 ROM Used > ms
 FBACK Feet improvement

P = Relax client stretch out with body.

TREATMENT NO. _____



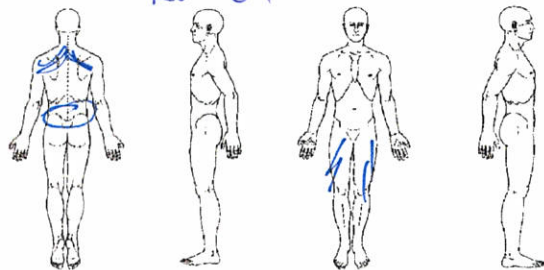
S = Bike riding - quads, L.B., shoulder

DATE: 8/11/17
TIME: 3:30pm
PAID: 688
REC.No: _____
AIR TEMP: _____
MUSIC: Sax
FACE CREST: _____
SUPINE SCENT: heman
OIL BLEND: LIT

HT feet, chest.
CST _____
HST 2x Lx
2x back.

EXTRA _____
NEXT APPT: _____

Russell



O/A: hips T @ mostly.
quads tender & T

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

P = * try cupping next visit - med / firm.

TREATMENT NO.

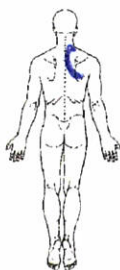


DATE: 12/11/17
TIME: 3:45.
PAID: _____
REC.No: _____
AIR TEMP: _____
MUSIC: massage.
FACE CREST: _____
SUPINE SCENT: lemon.
OIL BLEND: 1/4.
HT: feet chest.
CST: _____
HST: err spin.
EXTRA: v-back.
NEXT APPT: cupping slide.

S = @ shoulder - mid traps

nips good since last mm.

Russell



O/A: ↓ ROM. most arm/shoulder.

@Mid traps ↑. @neck ↑.

✓ Full Body ☐ STOMACH
ARMS ☐ Prone ☒ Supine LEGS ✓
TP
Fx mid tx err spine.
☐ Talked ☒ Quiet steady. Breathing
ROM improved post mm.
FBACK

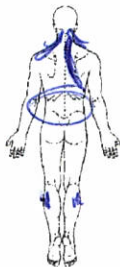
P = stretches for shoulder girdle.

TREATMENT NO.



S = LB + neck

Russel. Valantie



O/A: calves & hips/glutes ↑

✓ traps ↑ v-arms ↑

☒ Full Body ☐ STOMACHARMS ☒ Prone ☐ Supine

LEGS

TP

Fx

☐ Talked ☒ Quiet

Breathing

ROM relaxed

FBACK

DATE: 11/4/18
TIME: 2:15
PAID: \$44
REC.No:
AIR TEMP: 24
MUSIC: Sax Guitar
FACE CREST:
SUPINE SCENT: lemon
OIL BLEND:
MIT
HT: ✓
CST:
HST: x4

EXTRA: cupping
NEXT APPT:

P = cups? quite firm felt good since last massage.

Russell Valentine

DOB 3 Jan 1974
Occupation Project Manger

Appointments

Date	Time	Type	Practitioner
25 Oct 2024	11:00AM – 12:00PM	75 minute Remedial Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 25 Oct 2024, 11:00AM

Created: 25 Oct 2024, 12:22PM

Last updated: 4 Nov 2024, 10:17AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client been feeling sore all over, back CrossFit gym. 4 per week

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 - yes
Anything noteworthy - small height, muscular build, RHS larger ES
Anything specific to massage (E.g. no foot massage) - no, lovely tanned skin easy to massage

Treatment details - what was done today to help the client

Pressure used - 2-3 firm
Music - Ian Cam Smith
Aromatherapy Massage oil - Pepp.Lavender
Spritzer - Euc/Peppt/Lavender

Remedial techniques - shoulders, back, neck and legs. Quick stomach release.

Hot Pack

Upper Body

Hot Stones

2 x Hips; 2 x Back/Shoulders; Cold stones on face

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; QLs; ITBs; TFLs; Glutes
Body Chart	
Feedback after treatment -	Felt good after massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed getting some regular treatment
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

There are no patient forms for Russell Valentine.

Russell Valentine

DOB 3 Jan 1974
Occupation Project Manger

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Time in Sauna (minutes) -	
Feedback after treatment -	

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