

Renee Donald

DOB 4 Apr 1989

Appointments

Date	Time	Type	Practitioner
11 Jan 2025	1:30PM – 2:30PM	Gift Certificate - Book your Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

**Practitioner:** Christine Jervis  
**Appointment:** 11 Jan 2025, 1:30PM  
**Created:** 17 Jan 2025, 10:48PM  
**Last updated:** 17 Jan 2025, 10:51PM

Standard Consultation - Remedial Massage

**Presenting complaint (relevant medical history or client info)**

What's going on now - client feels like a nice massage, gentle pressure. Last massage in Bali. Gets a massage on holidays. Currently trying for a baby.

**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 - checked.  
Anything noteworthy - no  
Anything specific to massage (E.g. no foot massage) - gentle pressure only

**Treatment details - what was done today to help the client**

Pressure used - 2  
Music - Ian Cam  
Aromatherapy Massage oil - Lav Pepp  
Spritzer - Euc Pepp  
  
Remedial techniques - gentle flushing and therapeutic massage all over.

**Hot Pack**

Lower Body

**Hot Stones**

2 x Hips; 2 x Back/Shoulders

**Hot Wet Towels**

Feet; Face

<b>Topical Treatment</b>	Fisiocrem shoulders/neck
<b>What parts of the body were massaged?</b>	Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
<b>Where any specific trigger points used?</b>	
<b>Body Chart</b>	
<b>Feedback after treatment -</b>	Relaxed. Enjoyed.
<b>Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)</b>	Discussed how massage can help with lymphatics and overall health.
<b>Infra-Red Sauna (if applicable - info is below)</b>	
<b>Time in Sauna (minutes) -</b>	
<b>Feedback after treatment -</b>	

## Patient Forms

New Client Record - Women's Health	
<b>Practitioner:</b> Christine Jervis <b>Appointment:</b> 11 Jan 2025, 1:30PM <b>Completed:</b> 6 Jan 2025, 3:12PM	
<b>About you...</b>	
<b>What's your health fund?</b>	No health fund
<b>Occupation - how long?</b>	Nurse for 6 years
<b>List your physical activities, hobbies, exercise or sport.</b>	Strength training, running, swimming, hiking
<b>Do you sit/stand for long hours? (E.g. car/desk)</b>	No
<b>Medications - prescribed or natural</b>	None
<b>Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.</b>	None
<b>About Massage...</b>	
<b>How did you find out about our massage clinic?</b>	<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?**

Gift voucher for Christmas

**Type of massage pressure you prefer?**
☒ Gentle    ☐ Firm    ☐ Hard    ☐ Very Hard  
☐ Not sure? (We'll check at your massage)

**What are your goals or reasons for getting massage?**

I would love a relaxing massage, I have a one year old and this will be my first massage since he was born so am looking forward to relaxing and releasing stress on my body

**Any areas you DON'T want massaged?**
☐ Face    ☐ Head    ☐ Stomach    ☐ Back    ☐ Buttocks    ☐ Arms  
☐ Legs    ☐ Feet    ☒ Ok with above areas being massaged  
☐ Not sure? (Our Massage Therapist can discuss reasons for massaging different areas at y

**Do you experience headaches?**
☒ No    ☐ Mild    ☐ Severe    ☐ Persistent    ☐ Migraines

**Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?**
☒ No problems - everything is working well  
☐ 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    ☐ Struggling most of the time  
☐ Occasionally experience problems

**Do you have any pain?**
☒ No pain - nothing hurts    ☐ Morning soreness    ☐ Night time pain  
☐ Varies - can be any time    ☐ All the time  
☐ Hurts doing something specific. E.g. Bending over to touch toes.  
☐ 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 falling asleep    ☐ Trouble staying asleep through the night  
☐ 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?**

## Women's Health Check...

We focus on specialist care for women of all ages. Digestive and fertility health are strongly linked. Massage also helps with improved sleep, mental health and stress management.

**Any falls / injuries to your sacrum, tailbone, head, ankles or feet?**    No

Have you had any surgery on your abdomen or lower back?	No
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How well is your bladder working? Any infections, bladder weakness, difficulty experiencing orgasms, trouble when you sneeze or do you need to urinate frequently?	No
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Menstrual and Fertility Conditions - please tick what applies to you...	<div><input type="checkbox"/> Painful Periods    <input type="checkbox"/> Irregular Periods</div> <div><input type="checkbox"/> Excessive Bleeding (&gt;1pad/tampon per/hr)    <input type="checkbox"/> Fibroids</div> <div><input type="checkbox"/> Painful Ovulation    <input type="checkbox"/> Miscarriage (once)    <input type="checkbox"/> Recurrent miscarriage</div> <div><input type="checkbox"/> Currently doing Fertility Treatment. E.g. IVF.    <input checked="" type="checkbox"/> Trying to get pregnant now</div> <div><input type="checkbox"/> Postnatal Recovery    <input type="checkbox"/> PCO (Polycystic ovaries)</div> <div><input type="checkbox"/> PCOS (Polycystic Ovarian Syndrome)    <input type="checkbox"/> POF (Premature Ovarian Failure)</div> <div><input type="checkbox"/> Endometriosis    <input type="checkbox"/> Failure to Ovulate    <input type="checkbox"/> Low AMH</div> <div><input type="checkbox"/> Retroverted uterus    <input type="checkbox"/> Inverted uterus    <input type="checkbox"/> No problems that I know of</div>
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Symptoms experienced prior to and during menstruation	<div><input type="checkbox"/> I don't menstruate now    <input type="checkbox"/> Lower back ache    <input type="checkbox"/> Headaches</div> <div><input type="checkbox"/> Dizziness    <input type="checkbox"/> Dragging sensation    <input type="checkbox"/> Heaviness or pressure in lower pelvis</div> <div><input type="checkbox"/> Increased urination    <input type="checkbox"/> Constipation    <input type="checkbox"/> Diarrhoea</div> <div><input type="checkbox"/> Changes in my usual bowel movements    <input type="checkbox"/> Pain/numbness in right leg</div> <div><input type="checkbox"/> Pain/numbness in left leg    <input type="checkbox"/> Pain/numbness in both legs</div> <div><input type="checkbox"/> Cramps - lower abdomen    <input type="checkbox"/> Cramps - left side    <input type="checkbox"/> Cramps - right side</div> <div><input type="checkbox"/> Dark thick blood at beginning of menstruation</div> <div><input type="checkbox"/> Dark thick blood at the end of menstruation    <input type="checkbox"/> Blood clots</div> <div><input checked="" type="checkbox"/> None of the above happen during my period</div>
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Any female health details or info you'd like to share?	
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### Pregnancy, Birth and Postnatal Recovery

Trauma is stored at a cellular level in the body. Some massage techniques affect your body's response, especially if you've experienced emotional events or trauma. Massage creates a safe, supportive treatment space for all women to be nurtured.

Tick what applies to your birth experiences -	<div><input type="checkbox"/> No birth history to report    <input checked="" type="checkbox"/> Vaginal Birth    <input checked="" type="checkbox"/> Water Birth</div> <div><input type="checkbox"/> Epidural / Pethidine    <input type="checkbox"/> Forceps / Ventouse    <input type="checkbox"/> C-section</div> <div><input type="checkbox"/> Termination    <input type="checkbox"/> Miscarriage    <input type="checkbox"/> Ectopic</div>
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How many pregnancies have you had?	1
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How many babies have you birthed?	1
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Have you had any birth interventions or complications?	Retained placenta and bladder prolapse post birth however that is recovered now
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How long were your birth hours for each delivery?	36 hour labor
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Any other info you would like to share?	
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### 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, appearing to read 'R. Donald'.