

Client Record

tal Address 158 MCGRMA	BLACK Date of Birth 8/10/19
	Ork Mobile 0419531129
il Address blackjam abig	pond com Health Fund MBF
ergency Contact Details - Name and Numb	ber Tim 0439876257
rent Doctor	Referred By HELEN MARTIN
upation and how longSALKS	ASSISTANT 15 years +
sical Activities/Hobbies/Exercise	ALKING BIKING AGUA AEROBICS
t Medical History (operations/illnesses/ac	
t riedical history (operations/linesses/ac	Coldents/injuries)
	Ary was enoughed
lications - Prescribed or Natural: ORG	OXINK & ZANTATOL
Please circle areas of soreness or pain on the body chart below:	Some conditions require your massage treatment to be modif Please tick all conditions below that apply to you NOW. Write the letter P next to any past conditions.
	Allergies / Asthma
(======================================	Any Contagious Disease / Skin Problem
	Arthritis
(1-11-1)	Blood Pressure / Heart Problems
	Bruising
	Chronic Pain
A TO THE STATE OF	Cold / Flu
The way the way	Diabetes
10/0/	Dizziness Fractured bones
(101)	Fractured bones Headache
\W/ \//	Numbness / Tingling
	Pregnant or Breastfeeding
) () (riegilant di bicasticeuniu
	Recent Illness / Surgery
Amount of Pain (1-10):	The state of the s
Amount of Pain (1-10): Type (sharp, dull, aching etc)	Recent Illness / Surgery
THE RESIDENCE OF THE PERSON OF	Recent Illness / Surgery Spinal / Back Problems Sprained/strained muscles
Type (sharp, dull, aching etc)	Recent Illness / Surgery Spinal / Back Problems Sprained/strained muscles Varicose Veins

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

CLIENT AUTHORISATION

I understand that

- The information provided above is used to help determine an appropriate massage treatment for me.
- It is my (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.





Informed Consent

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 for the purpose of improving your well being?

☑Yes □ No

Every massage treatment has some 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 or euphoria or interacting with medications and 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 or 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.

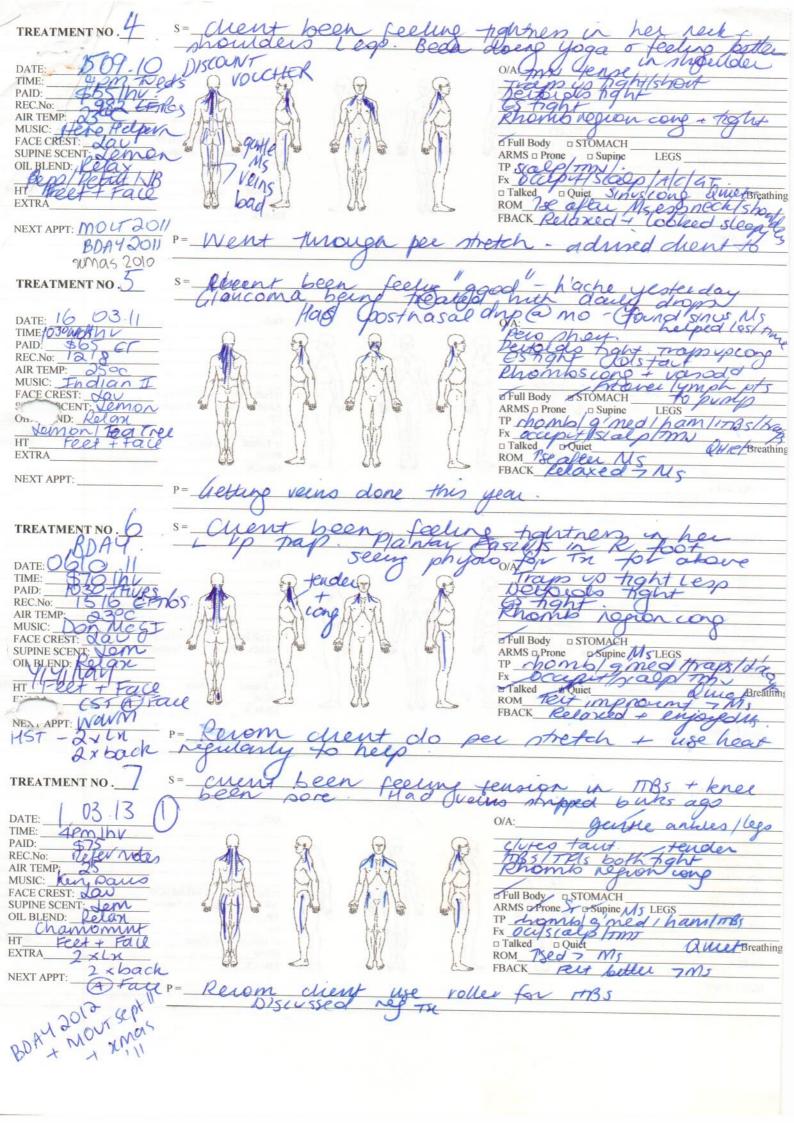
Please tick the boxes below to confirm you have read and agree with each statement:

- ☑ 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.
- Δ I know that the therapist and I both have the right to refuse or stop any treatment at any time.
- ☐ I agree to read and retain the information brochure I will be given to take home at the end of my first session

Your Name:	M.	BLACK		maßlack	Date:	Date: 7/5/08	
			Signature:			///	

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 esp R v. bac OBSERVATION/PALPATION/ASSESSMENT Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed: Does darle 2x Spretches s= Ovent has TREATMENT NO. knee + 17B T neck / shoulders neadaches gets ocias. 05 08 DATE: 07. Quads tight (R Ols month TIME: \$60 + \$10 INITIAL PAID: CAROS REC.No: AIR TEMP: 130 MUSIC: Enyo FACE CREST: papender OIL BLEND: To-homb/g 41 411 Rosewood NEXT APPT: P= Discussed role balance chent per Recom 3 weathers TREATMENT NO. naht shoulder geen 1x (ms or johysio) osto Ude 07 10.08 DATE: ght + cono Sims TIME: \$60 up short + ma PAID: REC.No. amo AIR TEMP. 230 TUE MUSIC: lan (am FACE CREST: tow pepp homb/gmed OIL BLEND: Pain Pepp | EVC local cost NEXT APPT: Went quet for little! Said she was sleep relaxed Going to do ggua aerobacs PCNL 6/12/08 stretch but not too 0E21-12.08 postire Discussed TREATMENT NO . DATE: 03.09 PAID: REC.No: AIR TEMP MUSIC: North Jones FACE CREST: OIL BLEND: Basi 1000/sec BDM/300 NLIDIO9P mtho



Margaret Black

DOB 8 Oct 1945 **Occupation** Retired

Appointments

Date	Time	Туре	Practitioner
7 Feb 2025	3:00PM – 3:45PM	45 minute Massage	Christine Jervis
17 Jul 2024	11:30AM – 12:30PM	Sauna & Massage - for clients with a FREE Sauna offer/voucher	Christine Jervis
31 May 2024	9:30AM - 10:30AM	REBOOKING - 60 minute Massage	Christine Jervis
21 Dec 2020	11:00AM – 12:00PM	60 minute Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis Appointment: 7 Feb 2025, 3:00PM Created: 8 Feb 2025, 7:12AM Last updated: 8 Feb 2025, 7:16AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - looking forward to massage. Sore hand and soreness in ribs been crated but no break, knocked when she leant over a chair to pat a puppy.

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

Prescription Medication; Natural Medication

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

Psoriasis treatment for cracked feet. Some arthritis in hands - ache sometimes. Feels occasional neck pain - uses a hand-held massager. Doing stretching and yoga at home.

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained. Covid-check done.

ROM - not checked today. Anything noteworthy - no.

Anything specific to massage (E.g. no foot massage) - no.

Treatment details - what was done today to help the client

Pressure used - 2 firm.

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

Hot Wet Towels - Feet / Face Hot Pack - Lower body

Topical Treatment - Fisiocrem - upper body

Music - Yanni if there

Aromatherapy Massage oil - Lavender Peppermint

Spritzer - Euc and peppermint spray

FB Tx minus probe legs - with some remedial work on shoulders and hips. Little bit on

stomach.

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; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?

Rhomboids; Upper Traps; Lev Scaps; Pecs

Body Chart

Feedback after treatment -

Felt very relaxed after massage. Enjoyed Tx.

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

Discussed doing some more regular treatment to help manage body

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

Time in Sauna (minutes) -

Feedback after treatment -

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 17 Jul 2024, 11:30AM
Created: 17 Jul 2024, 12:38PM
Last updated: 17 Jul 2024, 12:39PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical

history or client info)

What's going on now - looking forward to massage. Sore hand and soreness in lower

back and legs. Shoulders.

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

Prescription Medication; Natural Medication

Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)- Psoriasis treatment for cracked feet. Some arthritis in hands - ache sometimes. Feels occasional neck pain - uses a hand-held massager.

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained. Covid-check done.

ROM - not checked today. Anything noteworthy - no.

Anything specific to massage (E.g. no foot massage) - no.

Treatment details - what was done today

to help the client

Pressure used - 2 firm.

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

Hot Wet Towels - Feet / Face

Hot Pack - Lower body

Topical Treatment - Fisiocrem - upper body

Music - Ian Cam Smith

Aromatherapy Massage oil - Lavender Spritzer - lavender and foot spray

FB Tx - with some remedial work on shoulders and hips.

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 - Felt very relaxed after massage.

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

Discussed doing some more regular treatment to help. Continue Aqua aerobics still

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

Time in Sauna (minutes) - 22

Feedback after treatment - 48 - started sweating at the end

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis **Appointment:** 31 May 2024, 9:30AM **Created:** 31 May 2024, 10:40AM **Last updated:** 1 Jun 2024, 12:39PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical

history or client info)

What's going on now - looking forward to massage. Sore hand and soreness in lower

back and legs. Shoulders too.

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

Prescription Medication; Natural Medication

Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)- Psoriasis treatment for cracked feet. Some arthritis in hands - ache sometimes. Feels occasional neck pain - uses a hand-held massager.

Assessment / Testing done (including

ROM) / Observations

Verbal consent obtained. Covid-check done.

ROM - not checked today.

Anything noteworthy - no.

Anything specific to massage (E.g. no foot massage) - no.

Treatment details - what was done today

to help the client

Pressure used - 2 firm.

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

Hot Wet Towels - Feet / Face Hot Pack - Lower body

Topical Treatment - Fisiocrem - upper body/ Zen / Balm

Music - Ian Cam Smith

Aromatherapy Massage oil - Lavender

Spritzer - joyful rose

FB Tx - with some remedial work on shoulders and hips.

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 -

Felt very relaxed after massage.

Plan for future results / treatment / progress / homework (including

discussion with client, advice, stretches)

Discussed doing some more regular treatment to help. She is doing Aqua aerobics still

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

Time in Sauna (minutes) -

Feedback after treatment -

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 21 Dec 2020, 11:00AM
Created: 21 Dec 2020, 12:14PM
Last updated: 21 Dec 2020, 12:17PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical

history or client info)

What's going on now - looking forward to a Christmas treat to get a massage. Been a long time since her last massage.

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

Prescription Medication; Natural Medication

Details of Medications / Red Flags / Precautions needed etc (i.e. conditions

Psoriasis treatment for cracked feet. Some arthritis in hands - ache sometimes. Feels occasional neck pain - uses a hand-held massager.

listed above)-Verbal consent obtained. Covid-check done. Assessment / Testing done (including ROM) / Observations ROM - not checked today. Anything noteworthy - no. Anything specific to massage (E.g. no foot massage) - no. Treatment details - what was done today Pressure used - 2 firm. to help the client Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - Lower body Topical Treatment - Fisiocrem - upper body/ Zen / Balm Music - Ian Cam Smith Aromatherapy Massage oil - Mand/Tang Spritzer - Jasmine FB Tx - with some remedial work on shoulders and hips. What parts of the body were massaged? Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; 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 -Felt very relaxed after massage. Plan for future results / treatment / Discussed how it's good to keep moving. She is doing Aqua Aerobics and PCYC gym progress / homework (including session for oldies. discussion with client, advice, stretches) Infra-Red Sauna (if applicable - info is below)

Time in Sauna (minutes) -

Feedback after treatment -

Patient Forms

There are no patient forms for Margaret Black.