* CAREFUL HOT TOWER ON FACE



Remedial Massage Client Record

I Name JAN SCHRAMM	Date of Birth $\frac{\partial 9 - 10 - 5}{\partial 10}$
stal Address 76 FITZ MAURI	Date of Birth 29-10-5, and the EDMONTON 4869
me Phone <u>40452977</u> Wo	rk 4036 204 Mobile 0003 239347 . com. au Health Fund HCF
nail Address tipsy 1 a iprimus	. com. Qu Health Fund HCF
nergency Contact Details – Name and Numbe	KEVIN SCHRAMM. as aleon
Irrent Doctor DR. P. MICHAEL	Referred By
ccupation and how long $MEDCAC$ R	ELEPTIONST 25 yrs.
hysical Activities/Hobbies/Exercise	
ast Medical History (operations/illnesses/acc	cidents/injuries)
)	
edications – Prescribed or Natural: ATACAN	ND PLUS NOTEN, NEXIUM, MUNTI MINERALSI VITA
Please circle areas of soreness or	Some conditions require your massage treatment to be modifi
pain on the body chart below:	Please tick all conditions below that apply to you NOW. Write the letter P next to any past conditions.
pain on the body chart below:	Write the letter P next to any past conditions. Allergies / Asthma Any Contagious Disease / Skin Problem
pain on the body chart below:	Write the letter P next to any past conditions.
	Write the letter P next to any past conditions. Allergies / Asthma Any Contagious Disease / Skin Problem Arthritis
pain on the body chart below:	Write the letter P next to any past conditions. Allergies / Asthma Any Contagious Disease / Skin Problem Arthritis Blood Pressure / Heart Problems Bruising Chronic Pain
	Write 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
	Write 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
	Write 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
	Write 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
	Write 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
	Write 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
	Write 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
	Write 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
Amount of Pain (1-10):	Write 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
Amount of Pain (1-10): Type (sharp, dull, aching etc)	Write 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

Please circle what type of massage pressure you prefer:

Gentle

Firm

Hard Very Hard

CLIENT AUTHORISATION

I understand that

Signature:

- 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.





Client Record

Full Name JAN SCHRAMM	D.O.B 29-10-51 Gender
16 MANN ST EDM	PONTON
Home Phone 40452977 Work _	Mobile 0403 239 341
mail Address Tipsy.10 iprimus.com	n. au
mergency Contact Details - Name and Number _	
Current Doctor	Referred By BROOKS .
Occupation and How long	Referred By LYN BROOKS. RECEPTIONIST 24 YRS
Physical Activities/Hobbies/Exercise PHoro	Jeomperer GARTEN WALKING.
Past Medical History (major operations/conditions	5)
dications – Prescribed or Natural: B/P .	
rick any of the conditions below that apply to you	Please circle areas of soreness or pain on the body chart below:
□ Allergies / Asthma □ Fractured bones	(X)
 □ Any Contagious Disease ☑ Headache □ Any Skin Problem □ Heart / Blood Problem 	phlems
□ Any Skin Problem □ Heart / Blood Pro □ Arthritis □ Numbness / Ting	We will be the second of the s
Blood Pressure Pregnant or Breas	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
□ Bruising controls □ Recent Illness / S	
Chronic Pain Spinal / Back Pro	oblems will will have the
□ Cold / Flu ☑ Sprained/straine	The state of the s
□ Dizziness ☑ Varicose Veins	1:0:1
of very tight Actual in	
Details regarding above selections:	ES CAR METERS
with a wolf will have policy in the	Amount of Pain (1-10):
windle sheeted, stacked from the	were and a sold work of the
	you wish an area NOT to be massaged please circle it from
the following list; Face Head Chest Sto	omach Back Buttocks Arms Legs Feet

I understand that

This session includes a brief consultation and Massage treatment.

• Information regarding personal details will not be provided to any other person or organization, without consent.

Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulation.

Massage does not take the place of medical treatment where needed. If in doubt, please consult your doctor.

I agree to the Massage of:	JAN SCHRAMM.	(insert name of person being Massaged)
Signature " " Signature	and the same of th	Date: 2/5/06





novement Informed Consent for Massage

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	t:
☑ I understand there are possible significant risks, complications and side-effects to any treatment I receive	<u>.</u>
☐ 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 and retain the information brochure I will be given to take home at the end of my first sess	sion

Your Name:	_ Signature:	JAN SCHRAMM	Date:	11/5/09
()	_ Signature.		Date:	

Client Record SOAP = SUBJECTIVE: clients states, OBJECTIVE:= therapists' observations, treatment, ANALYSIS: what worked, didn't, PLAN: what client will work on, plans for next session PLEASE NOTE FOR FUTURE REFERENCE: Os my + face ween L side sorest - had calcificate (C) A/C it b/c ran into wall 8415 ago trouble rema. Always cold hands (feet No deep tissue has mouble with recovery Degeneration of SI + 44 + 65 R side oster-and degen worse (W) converge Degeneration Osteo-aven degen worse staiting to strain. AC calcifica S= Chent has been expenencing pour in L cast activity + ant ankle ship region - cramping too Does lots oppositer work + gets tight **FREATMENT NO.** tightness smins sitting down DISCOUNT DATE: 02 05.06 FIME: 130 - Searly true vand becept t bem & cong tright Pers esp R y tight to Trap tright + cong est incert sesp wings tracked Ale spirit this trap to Repositions & tright eller effected + perstormes & trop - ES & hightest perstormes both v. tight esp medially ovad stight est AID: \$40 - 1'NET VISH REC.No: 431. AIR TEMP: 23°C \$50FF MUSIC: lan cam Smith ACE CREST: POP.

DIL BLEND: Pelax EB (-stom). Heat used triggers monboids (occupits)

gliteals (1785 | hammes (suation). Winged next see

t cast + hip antle stretches Himled Rome (stot)

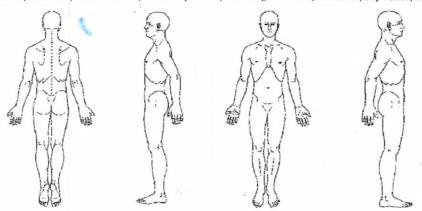
prins prine - gentle pressure. V. cold feet/hands

RIN - any some vasodulato watched pressure

on externeties went tailed throughout many t Ced/4141/Lav VEXT APPT: Mon 15th 230pm watched pressure Recom Jaw breathing + heat on shoulders when went were the per experience of the period of the perio **FREATMENT NO.** FULL PRICE DATE 505 06 rime: 230-10 late AID: \$45 783 P: 2300 REC.No: AIR TEMP: MUSIC: Yanni-If there ACE CREST: PEPP DIL BLEND: PERCEX LED COVALGEN at used triggers montouds locupt Sciatica hammies waged news scap to be to ground-fest it "really tretching" -NEXT APPT: Non 29th Mishes the could do the same for her neck of Fest "Victorial" after treatment - back better not took yet to adjust mt if never Recommens? cold 100% yet Ix adjustment if neven time today - Hro + relax S= ment been felling so great, cancelled physic appt this week by said she diant need contisone hyperton - L'art still pains - physic) or said sianc + 15 pain referral 'REATMENT NO . 💫 02.06.05 Pus truting. Es tout esp R more develond R terres & traps v. cong + fight Rocceput v. tende R thombouls v tright to trade is some trages some from RSI computer work. Some tout, em Skin-cold feet + hands. Mammen tout 9am FRI-5late AID: EC.No: JR TEMP: 22°C 1USIC: Engl-18 ACE CREST: FB (stom) Heat used mages rhomboids to cuptor all teals (ITBs / nammes (suation). Winged home scap to care + true andle stretch scarp + The Property of arm - ground stretches client feels Pepp / Basil flaw IEXT APPT: Mus 530PM in heralf much better - len cong + strained E. CNL gove Essential Cil Bending factor sheet, showed Ly-manage 13.12.06 x- 6 bre for wearf) using peop+law blend, s= quent been feeling v sore esp - side of shoulder - am (ot age Lots of photosic seady for son - leg / suarz & pathway (hip + angle (achiles) nuit larely REATMENT NO . 3 DATE: 22.06.05
IME: 530 Thurs
AID: Ihr 545 WITOS
EC.No: 546. Rhomboids both tight op a cons Es taut gureals tand esp L cons seen-sme asodilated bits on back IR TEMP: 23°C 1USIC: Yanni - thoute ACE CREST: Lav 10 (- stom) heat used tragger thombordstocapute guteals 11 1755 (hammes (sugt ca) Winged here scapt case the pankle structures from prov Ora Law Mana Scalp + TMJ - client tarked throughout floor today nemous + stremed about lived quite deep pressure but duent top JEXT APPT: Will cong really notice P= Will mg after bowen next w

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-evelt).

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 PAID: REC.No: AIR TEMP: FACE CREST: OIL BLEND; NEXT APPT: s= Olient TREATMENT NO. 5 DATE: TIME: PAID: REC.No: AIR TEMP: MUSIC: Noro FACE CREST OIL BLEND: NEXT APPT: S= Chent 1057 REC.No AIR TEMP OIL BLEND: NEXT APPT: P= Veron Contine seef - Ms

BDAY CARD gave appt to her mum! (5) TREATMENT NO. Chent tight Both traps for type all FULL PRICE DATE: 28 09 107 TIME: FR 1 9km Hords Lesp Tight PAID: REC.No: Ols tight AIR TEMP: 5°C MUSIC: No fah Jones I non vasodal FACE CREST OIL BLEND NEXT APPT: ECNL Discussed seeing physio for sex seed swin Hechniques 08.12.07 melding on TREATMENT NO. Cough/Tickle from nayfever DATE: 04 08-07 TIME: 230 TUES PAID: INV \$60 H'achestonneck (i cong (a)mo perolds esp L con No: 243 CATTOS FACE CREST: PEOD OIL BLEND: FOUN Heat The chamble med DE May han 148 Hraps/sinus Fe same + stiff to the be Amolest The Rom granty, Like restriction - reet Itale Report (m warm9 dient use tiday Bouen) 15 TREATMENT NO . 7 DATE: TIME: 560 knoked PAID: REC.No: person AIR TEMP: 330 MUSIC: Can change FACE CREST: PEOD: OIL BLEND: Pack

Wint BP Sine TAPPT: Referral of 116001 + on mones TREATMENT NO. S = Dshoulder DATE: 07.09.09
TIME: FLOO (IW
PAID: Upon
REC.No: Pain REC No: AIR TEMP: 3300 MUSIC: Pube OIL BLEND: Tolan FACE CREST 714/1(av+ PP/aul

dient

continue

racey

of weeks

N/c 20/09

2 M AS 09

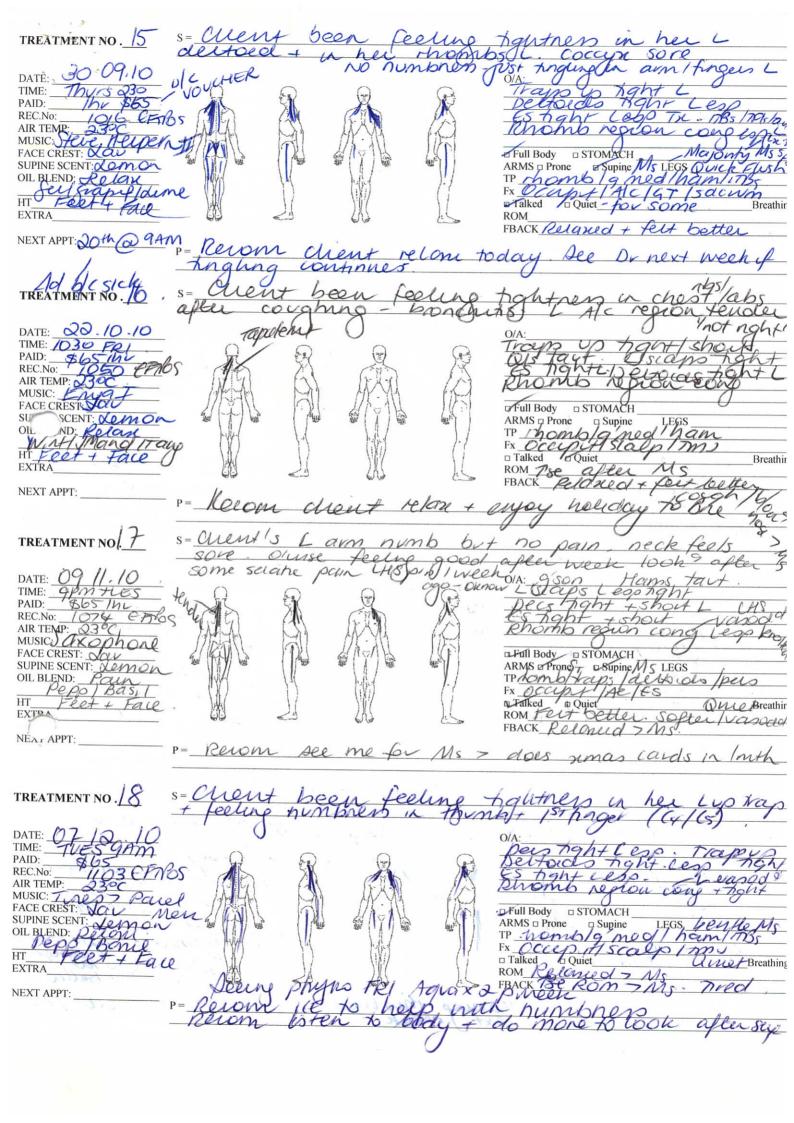
BDAY - Some Warming Ms Cream BDAY 2010 Escap alestoids visitors just feft so been visits TREATMENT NO . DATE 26.10, 09 TIME: \$65 1hV Ilam Mon PAID: especo tight & REC.No: REC.No: 500 EATOS
AIR TEMP: 010 CATOS MUSIC: Indian MIXIT FACE CREST: Pay Lemon
OIL BLEND: Pelay
GIFT
HIMS HANDS
NEXT APPT: + tellover m back ilse chent Peppt Geam- Feet been her Deens Leeling shoulder TREATMENT NO . 12 Phil wolan tracey in loth DATE: 07 12 09
TIME: \$65 hv
PAID: MON 44000
REC.No: 563 cong tesp Deboids RV. long Estaht +cong Bl-skm) Heat the hours /g neal aminostraps /sinus /l siap winger Vms (PS++ Ms+NL JUM) Rhomb region cong AIR TEMP: MUSIC/CATY G-MC
FACE CREST: PODD
OIL BLEND: PCLAX

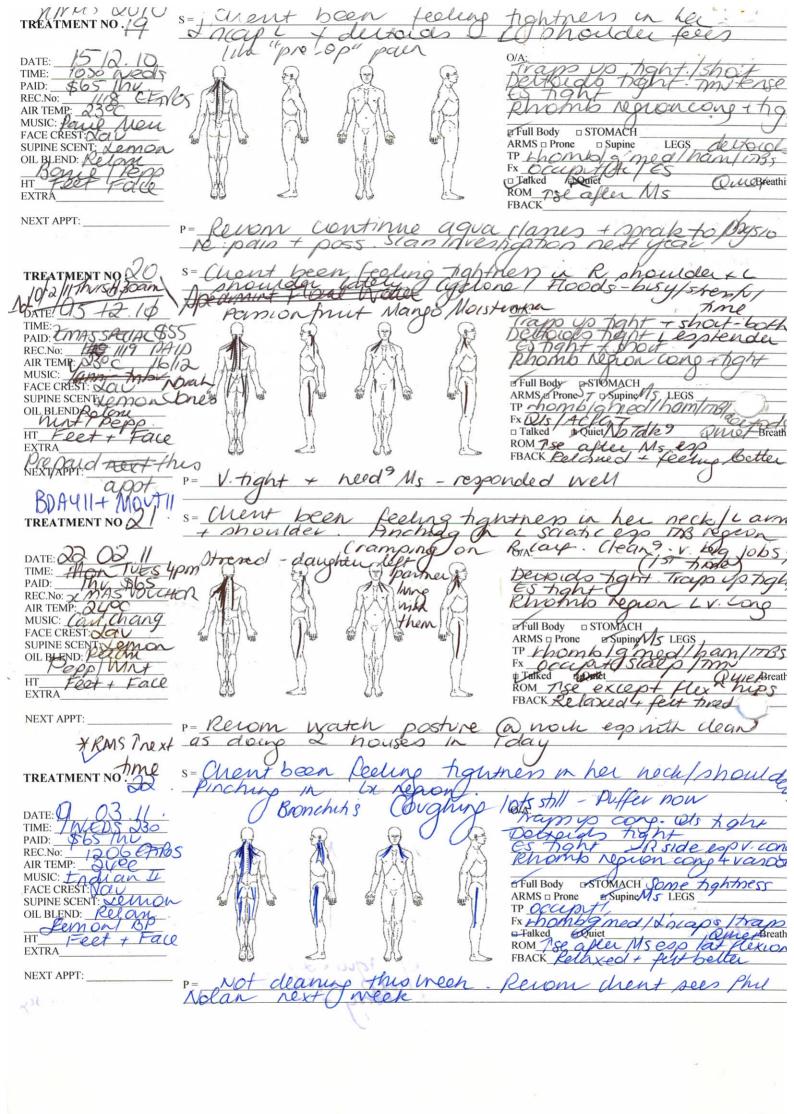
NEXT APPT: NEXT APPT: Hurryhot Jugs @ see podoatry for R. foot - ball of foot toxyx been I shoulder delibio TREATMENT NO . 15 DATE: 07.61.10 TIME: Thurs 4000 PAID: \$65 CENOS REC.No: 622 AIR TEMP: 23°C MUSIC: Don McG #
FACE CREST: POV demo &
OIL BLEND: Relax
Basil/Pepp homby med OIL BLEND: NEXT APPT: - face (Ceef 2010 Reson see for swelling is epsom N/L 5/10 relie to ghtre TREATMENT NO . 14 been Chent region thumb + 1st DATE; TIME: PAID: REC.No: REC.NO:
AIR TEMPS

MUSIC:
FACE CREST:
OIL BLEND:

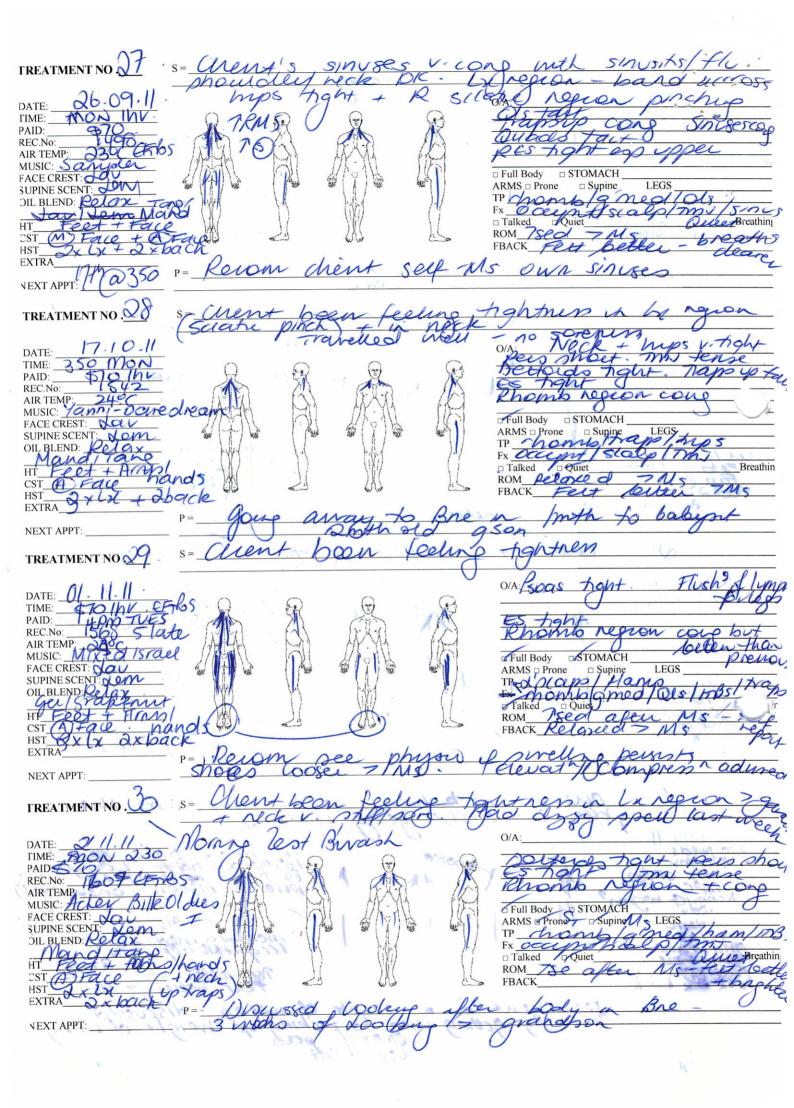
AIR TEMPS

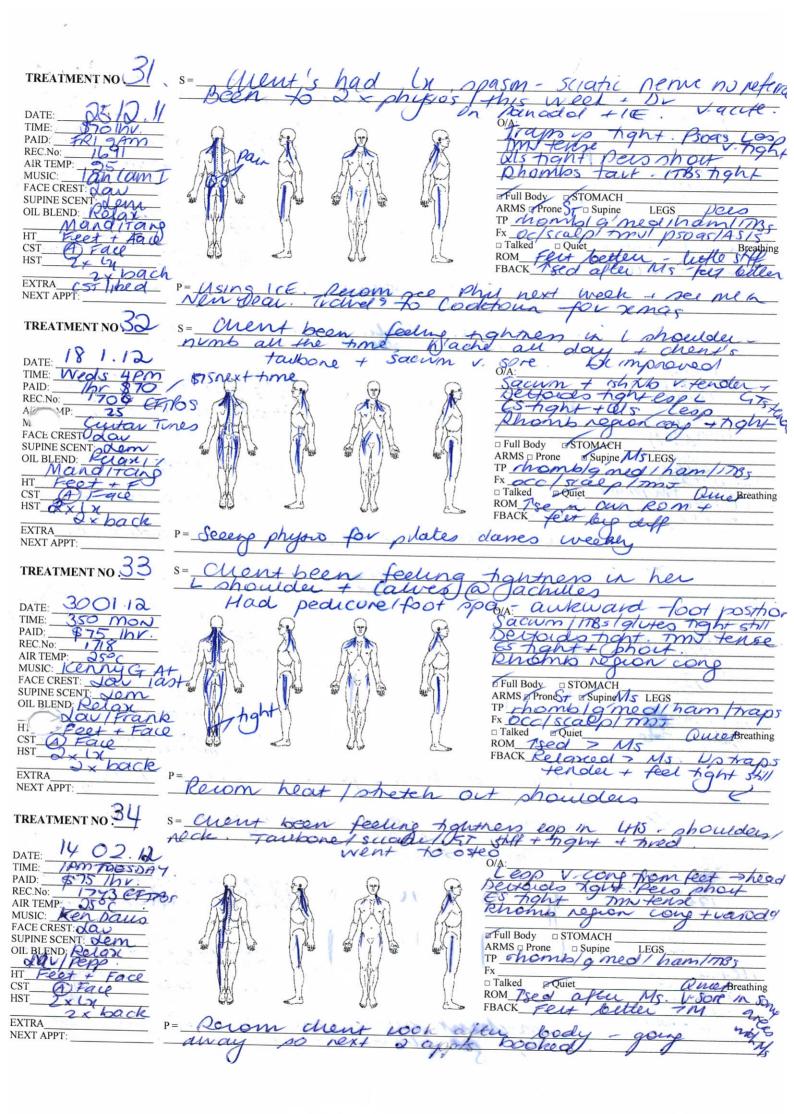
AIR T MUSIC NEXT APPT: on shoulder week M5 next Discussed what notator off Ms do. 10) 2411 X

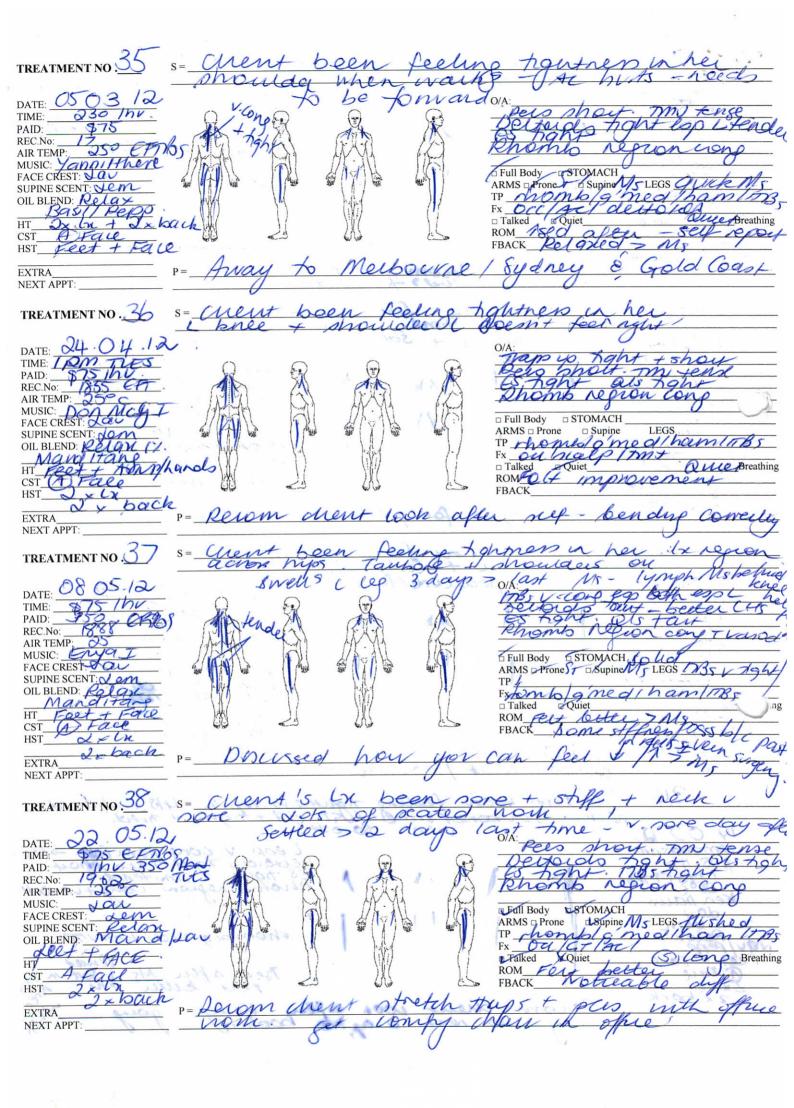


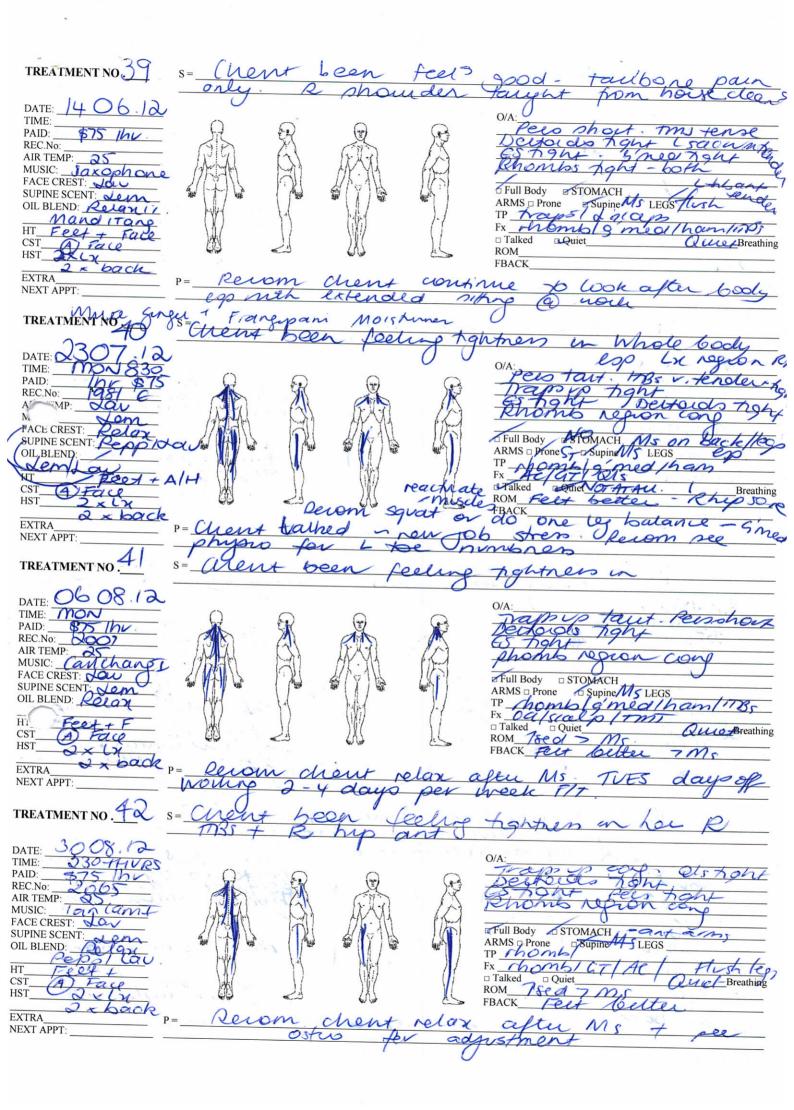


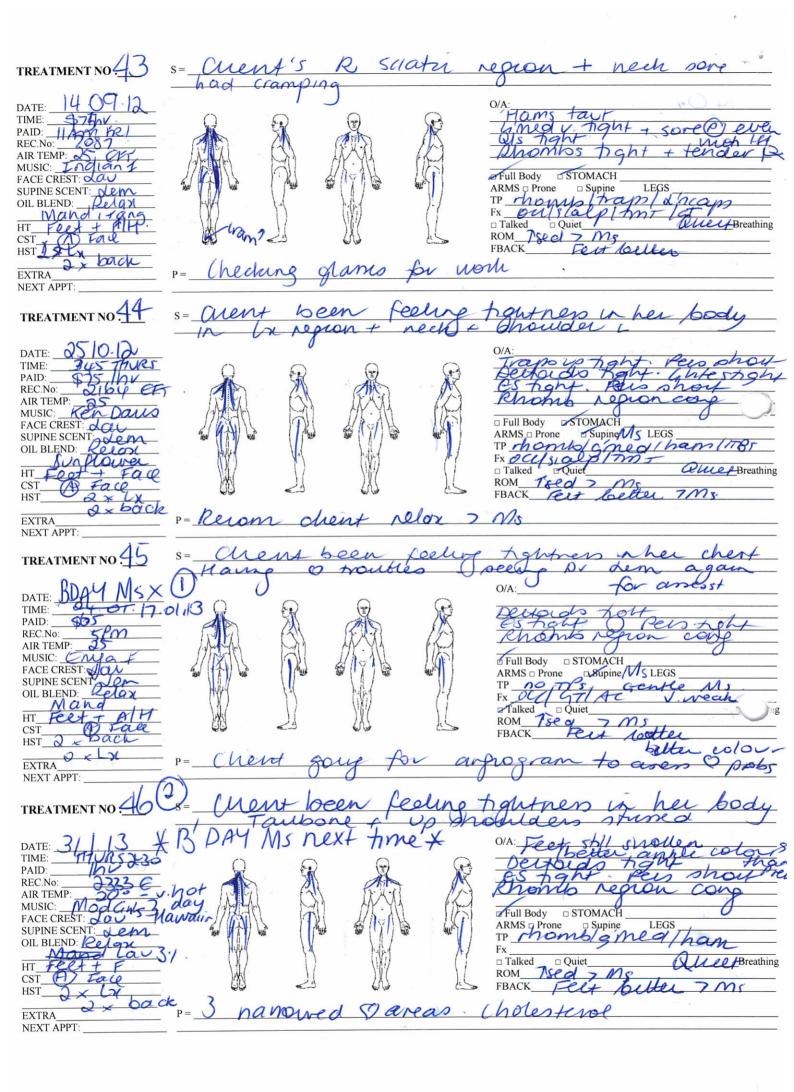
FREATMENT NO	28= Chent	s knee L	pore	
DATE: FIME: PAID: PAID: REC.NO: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: OIL BLEND: CST HT LOCAT HT EXTRA EXTRA CST NEXT APPT: X bach	over form P = Reson		O/A ARI TP Fx RON FBA	RTUP Waps Paper Hoph + Short Paper Hoph + Sh
TREATMENT NO		cen feel	ing to	thes in 4 neck
DATE: 100 THURS PAID: 10 THURS PAID: 10 THURS PAID: 10 THURS PAID: 10 THURS AT IP: 25 THURS N PAID MEN FACE CREST: 00 C SUPINE SCENT: 10 C SUPINE	biggerom re	Nom	ARM TP FX ROM FBA	Elso colo tight lop LHS Tight Nomb region coig Ill Body STOMACH Frover town As prone of Supine Ms LEGS PNF neck to the Month of reaptorys love to the Month of the Month o
TREATMENT NO	s= Chent be	en feel	ing the	ghtness in her nech
DATE: 97 08 // TIME: #/ 255 PAID: // 570 REC.No: // 66 67 AIR TEMP: 100 06 MUSIC: REM DAMM FACE CREST: 100 0 SUPINE SCENT: 100 0 OIL BLEND: 60 00 PAGE 14 14 14 14 14 14 14 14 14 14 14 14 14	bs Psol	ld I	O/A: O/A: O/A: O/A: O/A: O/A: O/A: O/A:	Lots work (P) - next time That score thin, more st Delholds (High work) Delholds (High work) Homb HIS v. cong + Rhy, Body STOMACH Centle + Weich So Prones Supine His LEGS L. IBS Stiff Comb general han cong
FREATMENT NO	s= cuent's ne	ck been		tight. Done Alrander
1/19	P= See Chent gradually get	knotted	O/A: O/A: O/A: O/A: O/A: O/A: O/A: O/A:	Body STOMACH Super
1	sday 2012		17.0	

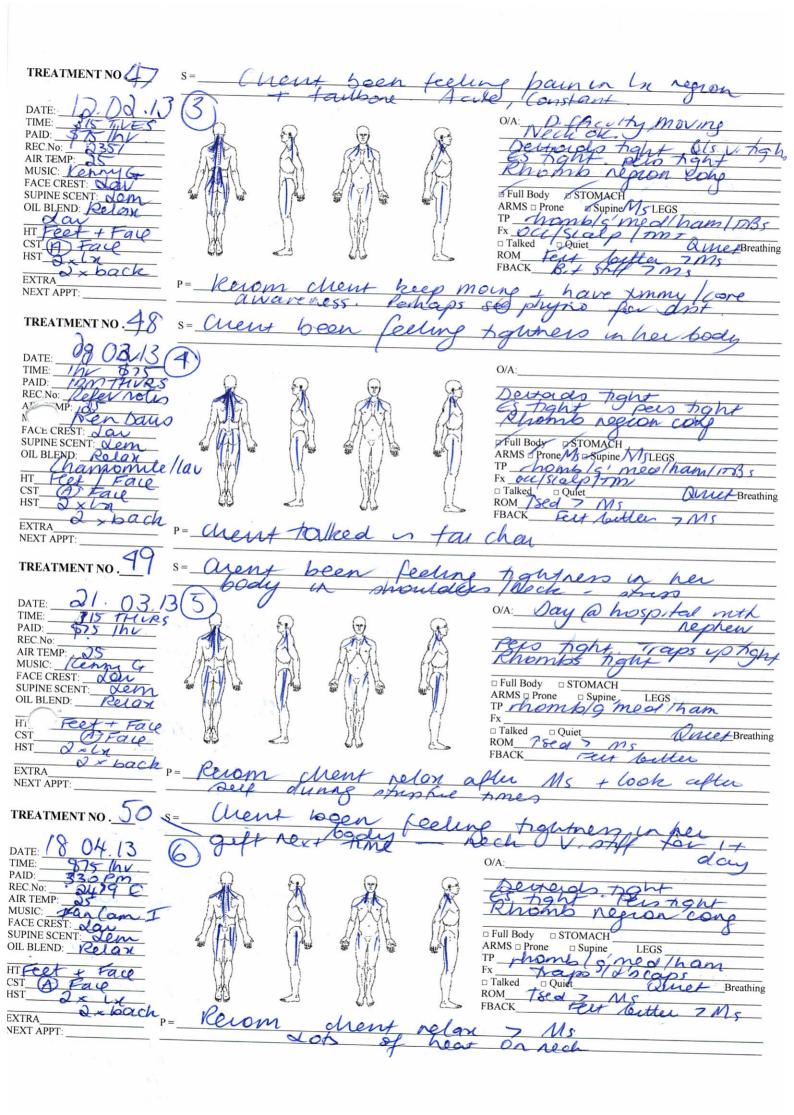


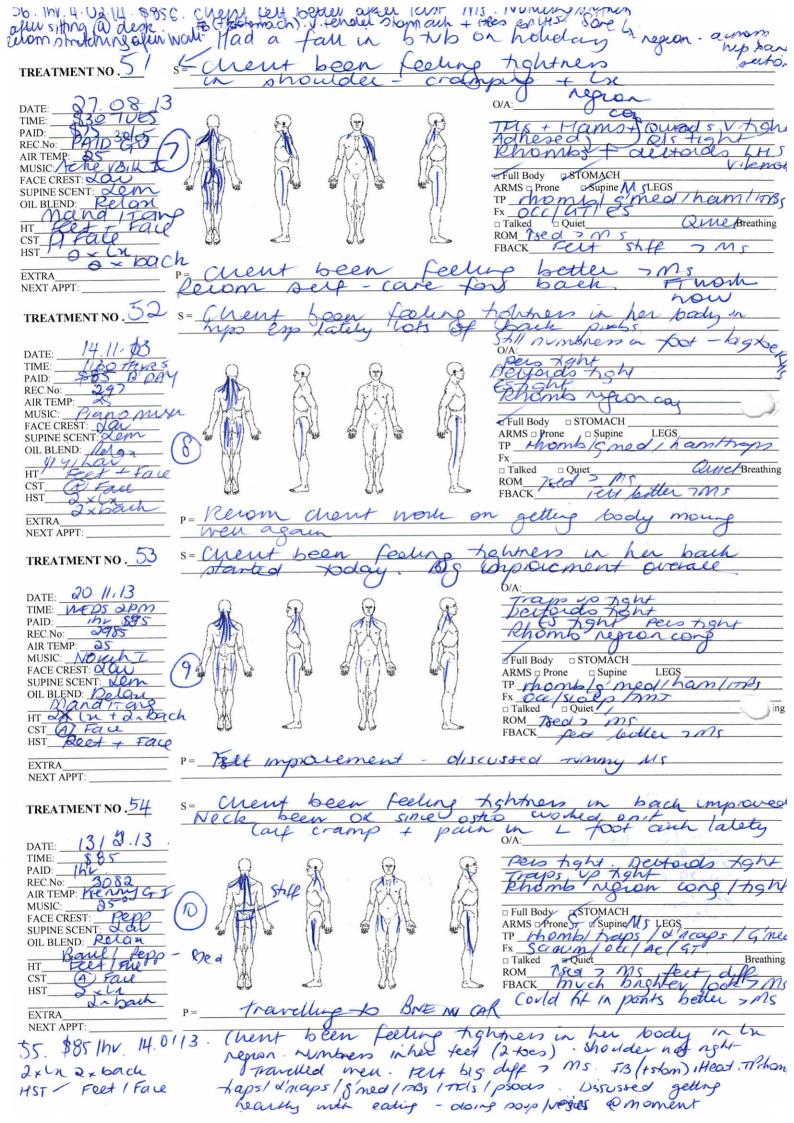












TREATMENT NO.	s= Chang	been fe	eling -	tightness in her body in
DATE: TIME: D PAID: PAID: REC.NO: 3/67 AIR TEMP: 3/7 MUSIC: FACE CREST: NOW SUPINE SCENT: NOM OIL BLEND: Relax HT Feet + Faul CST A Faul HST Q x Cu	= Revom	chent in	orl on	O/A O/A Delfolds of planship Estimated to planship Full Body STOMACH ARMS Prone of Supine Ms LEGS TP Mombis med ham 1835 Fx out steep med ham 1835 Fx out steep mot falled Quiet ROM Tsed of Ms FBACK feet diff V steepy body a nort
_	= Chent		elino	111
DATE: 903 13 TIME: 8PM THES PAID: 85/hV REC.NO: 3200 MP: 85 N. Ian (ant) FACE CREST: Vav SUPINE SCENT: Vav OIL BLEND: Relax Mand (gar HT Feet / Face CST (A) Face HST Foot / Face		Agron is		O/A: OLATORS PAPER TRAPS PROPERTY TO SUPPLY T
NEXT APPT: P	= Recom	- chent		
TREATMENT NO S	- Chent	been f	celing	Aghtres in her this week
DATE: 6.04,14 TIME: PAID: 55 REC.No: Refer votas AIR TEMP: 25 MUSIC: Ann Iffore FACE CREST: Au SUPINE SCENT: Lem OIL BLEND: Relay H. A. Fall CST. A. Fall CST. A. Fall EXTRA. P.=	Reson	Chent ka		O/A: Delfoids total Rhomb regroy Full Body STOMACH ARMS Prone Supine LEGS TP Thombol Sine of ham Fx Traps Delfoids Breathing ROM Model Stomator Breathing FBACK Felsy Bellet
NEXT APPT:	Classel	ling consor	et .	in of streeting theat
TREATMENT NO. S = DATE: 10.07.4 TIME: 10.07.4 TIME: 10.07.4 FAID: 10.07.4 TIME: 10.07.4 FAID: 10.07.4 FA	in her	hips f	eeling aps Si	O/A: Pero Lent Pero tender Es pent rap yo rest Phones region Full Body STOMACH ARMS Prone of Supine Ms LEGS TP Mones g med ham Bs Fx Occis celp mod ham Bs Talked Quiet Receiving
EXTRA	Kerom	chent u	onsme	FBACK FLH beller 7M5

gest next TREATMENT NO .60nent been feeling her Lahtners Lx Meron DATE: haht 1185 Lender TIME: theoto PAID: Man up to REC No: AIR TEMP: MUSIC: Full Body □ STOMACH FACE CREST: ARMS Prone Supine NoLEGS dem SUPINE SCENT OIL BLEND: Fx thomb les Due Breathing ■ Quiet f Talked ROM getting of **FBACK** exercises. chert Recom EXTRA Ne physio NEXT APPT: (nent been ghtness in her TREATMENT NO. O Andinony + shoulders 19.08.4 DATE: Ender TIME: PAID: REC.No: AIR TEMP: MUSIC: Full Body STOMACH FACE CREST: Vau Supine LEGS ARMS □ Prone SUPINE SCENT: dom TP honds med ham

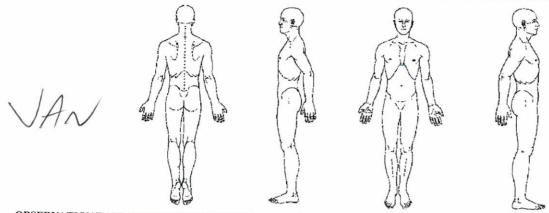
Fx fet better mg

Talked Quiet Owner

ROM 1810 7 Mg OIL BLEND: Relay Quet Breathing HT Feet Face CST Page **FBACK** HST EXTRA NEXT APPT: s= Client been rightness in her Feeling TREATMENT NO . 62 in her 11.12.14. O/A: DATE: TIME: OPPON tight . Trappup PAID: REC.No: homb AIR TEMP: MUSIC: _ FACE CREST: LOW T TUNES 9 □ Supine med LEGS ARMS prone LEGS TP MONS G Fx OC Built ST ROM 7FC 7 TP Hon OIL BLEND: polon Very + lx bach feet better FBACK_ Ref / Face fers better 7 Ms Chent EXTRA NEXT APPT: or 12.11,15 DATE: TIME: PAID: pis taus REC.No: AIR TEMP: MUSIC: ARMS Prone Supine SLEGS
TP OM G M STOMACH
FX JC TOMACH
TO THE TOMACH
TO FACE CREST: SUPINE SCEN OIL BLEND: Breathing Talked Quiet **FBACK** HST **EXTRA** NEXT APPT:

	64				
TREATMENT NO	s= Chen	t be	en fee	ling +	relatives in her bond.
DATE:	26 1 15 \$88 hr 15 m 15 m 16 m 1		client		Full Body STOMACH Ms ARMS Prone Supine LEGS TP Mamb 19 med ham trap Fx Octor of diagram Talked Quiet Sure Breathing ROM Bed Mc FBACK feet deff with thes The standard of the standard o
	- My	none	cen te	amari	Agnones in her back
DATE: 16 2 5 5 TIME: 588 PAID: 10	P = Recor	n or			Full Body STOMACH ARMS Prone Supine LEGS TP Shorts I Quiet Talked Quiet ROM PBACK PLANT TO THE PROPERTY OF TH
					7 1115
DATE: TIME: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: OIL BLEND: H1: CST_ HST_ EXTRA_ NEXT APPT:	P =				O/A:
TREATMENT NO	S =				
DATE: DATE: DIME: PAID: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: DIL BLEND: IT EST					O/A: □ Full Body □ STOMACH

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/Pronation/Pronation/Eversion/Inversion



 $\textbf{OBSERVATION/PALPATION/ASSESSMENT} \ \ \text{Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed:} \\$ DATE: TIME: PAID: REC.No: MUSIC: Mix FACE CRESS Full Body SUPINE SCENT: 201 Supine 15 LEGS ARMS Prone MS Prone Polyon
Phones Demon
Occhraps Ad scaps OIL BLEND: mandITan □ Talked ROM TSed **FBACK EXTRA** NEXT APPT: TREATMENT NO. S =DATE: O/A:_ TIME: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: □ Full Body □ STOMACH SUPINE SCENT: ARMS □ Prone OIL BLEND: _ TP Fx HT □ Talked □ Quiet CST Breathing ROM **HST FBACK EXTRA** NEXT APPT: TREATMENT NO. S =DATE: ГІМЕ: O/A: PAID: REC.No: AIR TEMP: MUSIC: FACE CREST: SUPINE SCENT: □ Full Body □ STOMACH DIL BLEND: ARMS □ Prone □ Supine LEGS TP Fx ST □ Talked □ Quiet **IST** Breathing

EXTRA_ JEXT APPT: ROM_ FBACK focus on p movement A Gift of Massage

To: Enjoy a lovely relaxing hour with Christine

From: Love you always. Mum. t

Your Gift is: One hour massage. Date: 09.06.10

Valid for three months from the date of issue

BOOK NOW - PHONE: 0439 775 003 CLINIC: 51 Lyndel Drive Woree 4868 POST: PO Box 106 Westcourt 4870 EMAIL: relax@focusonmovement.com.au WEB: www.focusonmovement.com.au

Jan Schramm

DOB 29 Oct 1951 **Occupation** Receptionist

Appointments

Date	Time	Туре	Practitioner
11 Feb 2025	9:30AM - 10:30AM	60 minute Massage	Christine Jervis
14 Jan 2025	9:30AM - 10:30AM	60 minute Massage	Christine Jervis
1 Dec 2022	10:15AM - 10:45AM	**SPECIAL VOUCHERS ONLY**	Christine Jervis
16 Aug 2019	11:30AM – 12:00PM	Sauna & Massage	Marina Franke
12 Aug 2019	5:30PM – 6:30PM	60 minute Massage	Marina Franke
22 Jul 2019	2:30PM – 3:30PM	60 minute Massage	Marina Franke
22 Jul 2019	2:00PM – 2:30PM	Sauna & Massage	Marina Franke

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 11 Feb 2025, 9:30AM
Created: 11 Feb 2025, 10:47AM
Last updated: 13 Feb 2025, 12:18PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - feeling SIJ pain lately especially, been seeing Emmett therapist.

Had fall on her

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

 $Prescription\ Medication; Injury; Illness; Heart\ /\ Lung\ /\ Organ\ problem$

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

Parkinson's disease

Lower back and shoulder problems

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) - no

Treatment details - what was done today

Pressure used - 3 firm

to help the client Music - Adler Bilk

Aromatherapy Massage oil - Lavender peppermint

Spritzer - peppermint euc

Remedial techniques - hips, shoulders back, neck

Hot Pack Lower Body

Hot Stones 2 x Hips; 2 x Back/Shoulders

Hot Wet Towels Feet

Topical Treatment Fisiocrem shoulders/neck

What parts of the body were massaged? Full Body Treatment; Stomach; Neck / Shoulders; Legs - Prone; Feet; Head / scalp; Face /

sinuses

Where any specific trigger points used? Rhomboids; Upper Traps; Lev Scaps

Body Chart

Feedback after treatment -Felt good. Bit stiff getting up

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

discussion with client, advice, stretches)

See after Easter

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

Time in Sauna (minutes) -

Feedback after treatment -

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis Appointment: 14 Jan 2025, 9:30AM Created: 14 Jan 2025, 11:00AM Last updated: 16 Jan 2025, 10:44AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - feeling SIJ pain lately especially, been seeing Emmett therapist

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

Prescription Medication; Injury; Illness; Heart / Lung / Organ problem

Details of Medications / Red Flags / Parkinson's disease Precautions needed etc (i.e. conditions Lower back and shoulder problems listed above)-Assessment / Testing done (including Verbal consent obtained. 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 - 3 firm to help the client Music - Adler Bilk Aromatherapy Massage oil - Lavender peppermint Spritzer - peppermint euc Remedial techniques - hips, shoulders back, neck **Hot Pack** Lower Body **Hot Stones** 2 x Hips; 2 x Back/Shoulders **Hot Wet Towels** Feet **Topical Treatment** Fisiocrem shoulders/neck What parts of the body were massaged? Full Body Treatment; Stomach; Neck / Shoulders; Legs - Prone; Feet; Head / scalp; Face / sinuses Where any specific trigger points used? Rhomboids; Upper Traps; Lev Scaps **Body Chart** Feedback after treatment -Felt good. Bit stiff getting up Plan for future results / treatment / Discussed getting some regular treatment - booked again for 4 weeks progress / homework (including discussion with client, advice, stretches) Infra-Red Sauna (if applicable - info is below) Time in Sauna (minutes) -Feedback after treatment -

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis **Appointment:** 1 Dec 2022, 10:15AM **Created:** 1 Dec 2022, 10:57AM **Last updated:** 1 Dec 2022, 11:05AM **Standard Consultation - Remedial Massage**

Presenting complaint (relevant medical

history or client info)

What's going on now - feeling SIJ pain.

Medication or relevant procedures / info

identified that may affect the massage.

Prescription Medication; Injury; Illness; Heart / Lung / Organ problem

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

Parkinson's disease

Lower back and shoulder problems

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) - no

Treatment details - what was done today

to help the client

Pressure used - 3 firm

Music - Norah Jones

Aromatherapy Massage oil - Lavender h20 oil

Spritzer - none

Remedial techniques - hips, shoulders back, neck

Hot Pack Lower Body

Hot Stones 2 x Hips; 2 x Back/Shoulders

Hot Wet Towels Feet

What parts of the body were massaged?

Topical Treatment Fisiocrem shoulders/neck

Full Body Treatment; Stomach; Neck / Shoulders; Legs - Prone; Feet; Head / scalp; Face /

sinuses

Where any specific trigger points used? Rhomboids; Upper Traps; Lev Scaps

Body Chart

Feedback after treatment -Felt good after treatment. Bit stiff getting up

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) -

Initial Consultation - Dry Needling Therapy

Practitioner: Marina Franke
Appointment: 16 Aug 2019, 11:30AM
Created: 16 Aug 2019, 12:33PM
Last updated: 16 Aug 2019, 12:35PM

Initial Consultation - Dry Needling Therapy

Presenting complaint (relevant medical

history or client info)

What's going on now - free sauna whilst her mum has a massage Any previous treatment - massage and sauna here, osteo elsewhere

Any Red Flags -

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 specific to massage - E.g. no foot massage

Anything noteworthy -

Treatment details - what was done today

to help the client

Pressure used -Hot Stones -Hot Wet Towels -Cupping area -

Topical Treatment -

Music -

Aromatherapy -

What parts of the body were massaged?

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

discussion with client, advice, stretches)

Where any specific trigger points used?

Body Chart

Feedback after treatment -

Dry Needling Therapy

What parts of the body were treated?

Infra-Red Sauna

Time in Sauna (minutes) - 20

Feedback after treatment -

enjoys sauna, read a book. have offered her the \$395 package when she returns from holidays

Standard Consultation - Remedial Massage

Practitioner: Marina Franke **Appointment:** 12 Aug 2019, 5:30PM Created: 12 Aug 2019, 5:24PM Last updated: 14 Aug 2019, 12:31PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now -R shoulder P from sleeping on it. R knee P on patella area from aqua and stairs in Brisbane

(L shoulder impingement has been reasonably good there past few weeks, scan 15

months ago. Operated on 6 years ago, P last 2 years.)

Breast reduction 1 year ago so back a lot better, sometimes niggles in R glute.

Feedback from previous treatment -:)

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

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

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

Breast reduction 1 year ago so back a lot better, careful laying prone.

Lx4/5 gets sore but not as often, stretching helps. L shoulder impingement, scan 15 months ago. Operated on 6 or 7 years ago, P last 2 years.

Assessment / Testing done (including

ROM) / Observations

Verbal consent obtained.

ROM - L arm good, R slightly reduced all planes

Anything noteworthy -Any precautions / Red Flags -

Anything specific to massage - face towel not too hot

Treatment details - what was done today

to help the client

Pressure used -firm

Hot Stones -4

Hot Wet Towels -2 caution hot towel on face Cupping area - R shoulder, upper traps both

Topical Treatment -fisiocrem

Music -instrumental

Aromatherapy -pep euc/rosemary

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

- Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?

Rhomboids; Upper Traps; Lev Scaps; Glutes

Body Chart

Feedback after treatment -

Jan's grandfather used to use glass suction cups (Italian)

Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches) SITS next visit? stretch and massage

Infra-Red Sauna

Time in Sauna (minutes) -

Feedback after treatment -

Standard Consultation - Remedial Massage

Practitioner: Marina Franke
Appointment: 22 Jul 2019, 2:30PM
Created: 22 Jul 2019, 2:12PM
Last updated: 22 Jul 2019, 5:29PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical

history or client info)

What's going on now -L shoulder impingement, scan 15 months ago. Operated on 6 years $\,$

ago, P last 2 years. Breast reduction 1 year ago so back a lot better .

Feedback from previous treatment -

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

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

Details of Medications / Red Flags etc (i.e.

conditions listed above)-

Breast reduction 1 year ago so back a lot better, careful laying prone.

Lx4/5 gets sore but not as often, stretching helps. L shoulder impingement, scan 15 months ago. Operated on 6 or 7 years ago, P last 2 years.

Assessment / Testing done (including

ROM) / Observations

Verbal consent obtained.

ROM -

Anything noteworthy -Any precautions / Red Flags -

Anything specific to massage - face towel not too hot

Treatment details - what was done today

to help the client

Pressure used -firm Hot Stones -4

Hot Wet Towels -2 caution hot towel on face

Cupping area -

Topical Treatment -fisiocrem

Music -instrumental

Aromatherapy -pep euc/rosemary

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

- Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?

Rhomboids; Upper Traps; Lev Scaps; Glutes

Body Chart	
Feedback after treatment -	felt great
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	SITS next visit? stretch and massage
Infra-Red Sauna	
Time in Sauna (minutes) -	20
Feedback after treatment -	enjoyed more than she thought

Patient Forms

There are no patient forms for Jan Schramm.