

Joanne Mills

DOB30 Mar 1959

Appointments

Date	Time	Type	Practitioner
13 Feb 2025	3:00PM – 3:30PM	30 minute Massage	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 13 Feb 2025, 3:00PM

Created: 13 Feb 2025, 4:22PM

Last updated: 13 Feb 2025, 4:25PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)	What's going on now - very sore tib ant and gets soreness in ITBs and ankles.
Medication or relevant procedures / info identified that may affect the massage.	Injury; Referral Required
Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-	See physio for diagnosis
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - not checked Anything noteworthy - no Anything specific to massage (E.g. no foot massage) - no, likes it firmer
Treatment details - what was done today to help the client	Pressure used - 3-4 firm Music - Mod Girls Aromatherapy Massage oil - sports extreme Spritzer - none Remedial techniques - Legs
Hot Pack	Lower Body
Hot Stones	
Hot Wet Towels	
Topical Treatment	Fisiocrem shoulders/neck

What parts of the body were massaged?	Legs - Prone; Legs - Supine; Feet
Where any specific trigger points used?	ITBs
Body Chart	
Feedback after treatment -	Fenioyed the massage - felt like a big warm hug
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed seeing Physio Julie
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record - Women's Health	
Practitioner: Christine Jervis Appointment: 13 Feb 2025, 3:00PM Completed: 13 Feb 2025, 2:57PM	
About you...	
What's your health fund?	No
Occupation - how long?	Retired
List your physical activities, hobbies, exercise or sport.	Bike riding yoga gym, walk 45mins
Do you sit/stand for long hours? (E.g. car/desk)	No
Medications - prescribed or natural	No
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Diagnosis osteopenia, anxiety,, shoulder problems, diverticulitis
About Massage...	
How did you find out about our massage clinic?	<div><input type="checkbox"/> Google</div> <div><input type="checkbox"/> Facebook</div> <div><input type="checkbox"/> Instagram</div> <div><input type="checkbox"/> Phonebook</div> <div><input type="checkbox"/> Massage Association</div> <div><input type="checkbox"/> Health Professional (Doctor, Physio, Midwife)</div> <div><input checked="" type="checkbox"/> Referral - word of mouth</div> <div><input type="checkbox"/> Current/Previous customer</div>
Who referred you? We use a client reward	Amamda

system - May we thank them?

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?

Help pain go away

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?

Maybe arthritis, fast metabolism, need glasses

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?

Fall to sacrum 20 years

Have you had any surgery on your abdomen or lower back?

No

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...

☐ Painful Periods

☐ Irregular Periods

☐ Excessive Bleeding (>1pad/tampon per/hr)

☐ Fibroids

☐ Painful Ovulation

☐ Miscarriage (once)

☐ Recurrent miscarriage

☐ Currently doing Fertility Treatment. E.g. IVF.

☐ Trying to get pregnant now

☐ Postnatal Recovery

☐ PCO (Polycystic ovaries)

☐ PCOS (Polycystic Ovarian Syndrome)

☐ POF (Premature Ovarian Failure)

☐ Endometriosis

☐ Failure to Ovulate

☐ Low AMH

☐ Retroverted uterus

☐ Inverted uterus

☒ No problems that I know of

Symptoms experienced prior to and during menstruation

☐ I don't menstruate now

☐ Lower back ache

☐ Headaches

☐ Dizziness

☐ Dragging sensation

☐ Heaviness or pressure in lower pelvis

☐ Increased urination

☐ Constipation

☐ Diarrhoea

☐ Changes in my usual bowel movements

☐ Pain/numbness in right leg

☐ Pain/numbness in left leg

☐ Pain/numbness in both legs

☐ Cramps - lower abdomen

☐ Cramps - left side

☐ Cramps - right side

☐ Dark thick blood at beginning of menstruation

☐ Dark thick blood at the end of menstruation

☐ Blood clots

☒ None of the above happen during my period

Any female health details or info you'd like to share?

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 -

☐ No birth history to report

☒ Vaginal Birth

☐ Water Birth

☐ Epidural / Pethidine

☐ Forceps / Ventouse

☐ C-section

☐ Termination

☐ Miscarriage

☐ Ectopic

How many pregnancies have you had?

3

How many babies have you birthed?

2

Have you had any birth interventions or complications?

No

How long were your birth hours for each delivery?

Any other info you would like to share?

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.

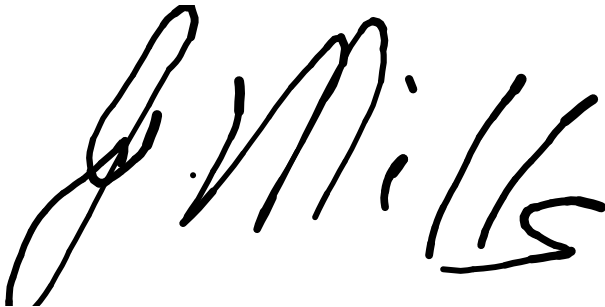
It's ok to discuss my treatment with my doctor, physio or referring health practitioner.

☒ 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 'J. Mills', is written over a large, empty rectangular box. The signature is fluid and cursive, with the first letter 'J' being particularly large and stylized.