

Jose Frias

DOB14 Nov 1991

Appointments

Date	Time	Type	Practitioner
30 Dec 2024	2:50PM – 3:50PM	60 minute Massage	Christine Jervis
28 Jul 2024	2:30PM – 3:30PM	REBOOKING - 60 minute Massage	Christine Jervis
13 Jul 2024	9:15AM – 10:25AM	REBOOKING - 60 minute Massage	Christine Jervis
10 Feb 2024	9:30AM – 10:30AM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 30 Dec 2024, 2:50PM

Created: 30 Dec 2024, 3:59PM

Last updated: 30 Dec 2024, 4:13PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client sore, busy with work

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 - not checked today
Anything noteworthy - no
Anything specific to massage (E.g. no foot massage) - no, Asian skin tone, dentist - so bent over in different positions. Has sinus congestion occasionally esp in cold

Treatment details - what was done today to help the client

Pressure used - 3
Music - Ian Cam Smith
Aromatherapy Massage oil - Lav peppermint
Spritzer - Peppt euc tea tree

Remedial techniques - shoulders and back. Esp neck stiff on R

Hot Pack	Upper Body
Hot Stones	2 x Hips; 2 x Back/Shoulders
Hot Wet Towels	Feet; Face
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Full Body Treatment; Stomach; 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; Deltoids; SCMs; QLs; ITBs; TFLs
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 massage to help in 4 weeks. He slept through today's treatment as very tired
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 28 Jul 2024, 2:30PM Created: 28 Jul 2024, 3:47PM Last updated: 28 Jul 2024, 3:50PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client sore From Sydney trip
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 - not checked today Anything noteworthy - no Anything specific to massage (E.g. no foot massage) - no, Asian skin tone, dentist - so

	bent over in different positions. Has sinus congestion occasionally esp in cold
Treatment details - what was done today to help the client	Pressure used - 3 Music - Ken Davis Aromatherapy Massage oil - Pain h20 Spritzer - Peppt euc tea tree Remedial techniques - shoulders and back. Esp neck stiff on R
Hot Pack	Upper Body
Hot Stones	2 x Hips; 2 x Back/Shoulders
Hot Wet Towels	Feet; Face
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Full Body Treatment; Stomach; 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; Deltoids; SCMs; QLs; ITBs; TFLs
Body Chart	
Feedback after treatment -	Felt good after massage - much bettwr
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed getting some regular massage to help in 4 weeks. He slept through today's treatment as very tired from late night flight and Edward up so it was great timing for a massage
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Initial Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 10 Feb 2024, 9:30AM Created: 13 Jul 2024, 10:55AM Last updated: 13 Jul 2024, 10:59AM	
Initial Consultation - Remedial Massage Appointment	
Presenting complaint (relevant medical history or client info)	What's going on now - client has soreness in shoulders and back

Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - tightness Anything noteworthy - muscular tension Anything specific to massage (E.g. no foot massage) - no Client had any previous treatment elsewhere? Not sure- did not ask. Any Red Flags - no
Medication or relevant procedures / info identified that may affect the massage.	
Details of Medications / Red Flags etc (i.e. conditions listed above)-	
Treatment details - what was done today to help the client	Pressure used - 2-3 Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face Hot Pack - Upper Body Topical Treatment - Fisiocrem / Zen / Balm Music - Yanni if there Aromatherapy Massage oil - Lavender Spritzer - Lavender
What parts of the body were massaged?	Full Body Treatment; Stomach; Neck / Shoulders; Arms - quick prone stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps
Body Chart	
Feedback after treatment -	Felt better after massage
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Showed pec stretch
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 13 Jul 2024, 9:15AM

Created: 13 Jul 2024, 10:48AM

Last updated: 13 Jul 2024, 10:55AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client sore

Feedback from previous treatment - been too long, life busy

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 - not checked today

Anything noteworthy - no

Anything specific to massage (E.g. no foot massage) - no, Asian skin tone, dentist - so bent over in different positions. Has sinus congestion occasionally esp in cold

Treatment details - what was done today to help the client

Pressure used - 3

Music - Ian Cam Smith

Aromatherapy Massage oil - Lavender

Spritzer - Joyful

Remedial techniques - shoulders and back

Hot Pack

Upper Body

Hot Stones

2 x Hips; 2 x Back/Shoulders

Hot Wet Towels

Feet; Face

Topical Treatment

Fisiocrem shoulders/neck

What parts of the body were massaged?

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

Where any specific trigger points used?

Body Chart

Feedback after treatment -

Felt good after massage - big difference in tension and sinus pain gone especially with hot towel

Plan for future results / treatment /

Discussed getting some regular massage to help

progress / homework (including discussion with client, advice, stretches)
Infra-Red Sauna (if applicable - info is below)
Time in Sauna (minutes) -
Feedback after treatment -

Patient Forms

New Client Record	
Practitioner: Christine Jervis Appointment: 10 Feb 2024, 9:30AM Completed: 4 Feb 2024, 4:34PM	
About you...	
What's your health fund?	TUH but no extras
Occupation - how long?	Dentist
List your physical activities, hobbies, exercise or sport.	Minimal sport. Mainly occupational strain.
Do you sit/stand for long hours? (E.g. car/desk)	Yes, mainly sitting and awkward bending/posture.
Medications - prescribed or natural	Nil
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	No previous operations or accidents.
About Massage...	
How did you find out about our massage clinic?	<div><input type="checkbox"/> Google<input type="checkbox"/> Facebook<input type="checkbox"/> Instagram<input type="checkbox"/> Phonebook</div> <div><input type="checkbox"/> Massage Association<input type="checkbox"/> Health Professional (Doctor, Physio, Midwife)</div> <div><input checked="" type="checkbox"/> Referral - word of mouth<input type="checkbox"/> Current/Previous Customer</div>
Who referred you? We use a client reward system - May we thank them?	Kate Campbell - sister in law.
What are your goals or reasons for getting massage?	Relief of tension
Type of massage pressure you prefer?	<div><input type="checkbox"/> Gentle<input checked="" type="checkbox"/> Firm<input type="checkbox"/> Hard<input type="checkbox"/> Very Hard</div> <div><input type="checkbox"/> Not sure? (We'll check at your massage)</div>
Any areas you DON'T want massaged?	<div><input type="checkbox"/> Face<input type="checkbox"/> Head<input type="checkbox"/> Stomach<input type="checkbox"/> Back<input type="checkbox"/> Buttocks<input type="checkbox"/> Arms</div> <div><input type="checkbox"/> Legs<input type="checkbox"/> Feet<input checked="" type="checkbox"/> I am ok with all the above areas being massaged</div> <div><input type="checkbox"/> Not sure? (We will discuss reasons for massaging different areas at your appointment)</div>

Do you experience headaches?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Persistent <input type="checkbox"/> Migraines
Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?	<input type="checkbox"/> Discomfort with a whole mix of things happening <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation (going less than once per day) <input type="checkbox"/> Hard bowel movements <input type="checkbox"/> Loose bowel movements <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Food allergies <input type="checkbox"/> Occasionally experience problems <input type="checkbox"/> Struggling most of the time <input checked="" type="checkbox"/> No problems - everything is working well
Any falls or injuries to your sacrum, tailbone, head, ankles, feet, abdomen or lower back? These are important body balance areas.	No
Do you have any pain?	<input type="checkbox"/> No pain - nothing hurts <input type="checkbox"/> Morning soreness <input type="checkbox"/> Night time pain <input type="checkbox"/> Happens randomly - can be any time <input type="checkbox"/> Pain doing something specific. E.g. Bending over to touch toes. <input type="checkbox"/> All the time <input type="checkbox"/> Tender to touch <input type="checkbox"/> Dull pain <input type="checkbox"/> Aching or throbbing <input type="checkbox"/> Sharp pain <input type="checkbox"/> Stiffness <input checked="" type="checkbox"/> Muscle tightness <input type="checkbox"/> Restricted movement
If your body hurts, what relieves it?	<input type="checkbox"/> I have no pain to manage <input type="checkbox"/> Ice <input type="checkbox"/> Heat <input type="checkbox"/> Rest <input type="checkbox"/> Exercise <input type="checkbox"/> Stretching <input checked="" type="checkbox"/> Medication <input checked="" type="checkbox"/> Topical Cream (E.g. Tiger Balm)
Some conditions affect massage. We want to safely treat you. Tick what applies to you -	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Sinus <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Trouble sleeping or falling asleep <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Spinal problems <input type="checkbox"/> Swelling <input type="checkbox"/> Bruise Easily <input type="checkbox"/> Blood clotting problems <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/> Dizziness <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Cold hands / Cold feet <input type="checkbox"/> Heart Problems <input type="checkbox"/> Blood Pressure - high <input type="checkbox"/> Blood Pressure - low <input type="checkbox"/> Hearing problems <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Vision problems <input type="checkbox"/> Contact Lenses <input checked="" type="checkbox"/> None of the above apply to me
Any extra health details or info you'd like to share?	No
Your consent... <p>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.</p> <p>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.</p> <p>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.</p> <p>It's ok to discuss my treatment with my doctor, physio or referring health practitioner. <input checked="" type="checkbox"/> Yes - clients will be informed if this happens. <input type="checkbox"/> No thanks. </p> <p>My Massage Therapist and I both have the right to stop or refuse treatment at any time <input checked="" type="checkbox"/> Yes - I know I can ask questions at any time too. </p> <p>I will keep my Massage Therapist updated</p>	

on any changes to this information and
my health.

A handwritten signature in black ink, appearing to read 'Jose Frias', is written within a rectangular box. The signature is fluid and cursive, with a large initial 'J' and 'F'.

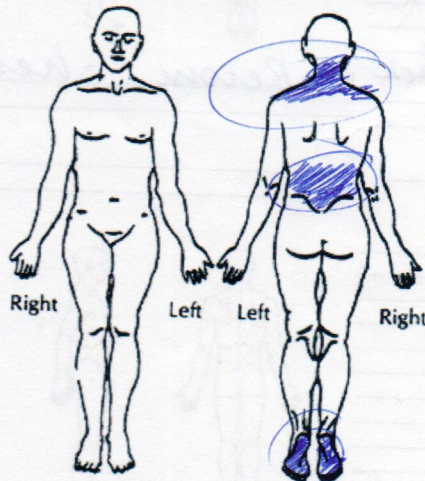
Full Name Jose Frias Date of Birth _____
 Postal Address U2 /13 Kossidy Drive Emerald QLD 4720
 Home Phone _____ Work _____ Mobile 040253 0402535526
 Email Address friasbds@gmail.com Health Fund Medibank
 Emergency Contact Details - Name and Number Claire Campbell 0420431461
 Current Doctor _____ Referred By Claire Campbell
 Occupation and how long Dentist - 3 1/2 yrs, including student work
 Physical Activities/Hobbies/Exercise running
 Medical History (operations/illnesses/accidents/injuries) nil
 Medications - Prescribed or Natural: nil

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
- ☐ 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:



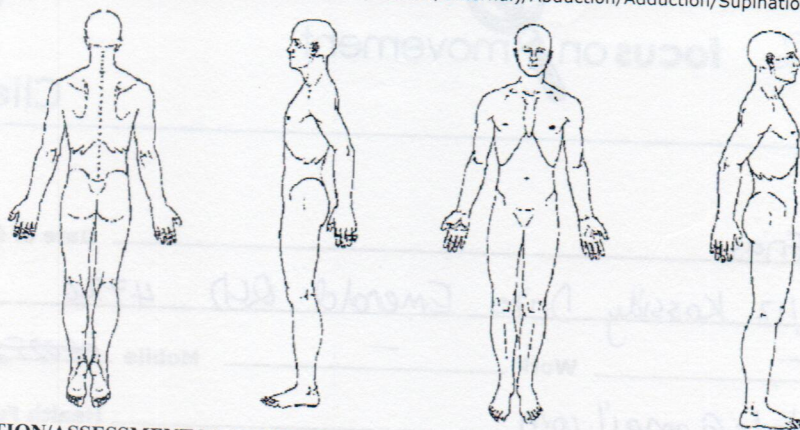
Amount of Pain (1-10): 4/5
 Type (sharp, dull, aching etc) dull
 When is the pain worst? end of day
 What relieves the pain? stretching

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: [Signature] Date: 12/06/14

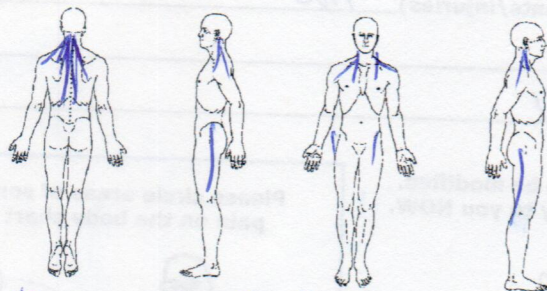
SOAP = SUBJECTIVE (clients states) OBJECTIVE (therapist observations, treatment) ANALYSIS (what worked, didn't) PLAN (plans for next session, advice, goals)
 TOTAPS = TALK (history/area/symptoms) OBSERVE (signs) TOUCH (Palpate) ACTIVE Movement (Client's ROM) PASSIVE Movement SKILLS Test (client co-ordination, 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 his back esp upper body

DATE: 12.06.14
 TIME: 1030 TUES
 PAID: \$80 1hr.
 REC.No: INITIAL
 AIR TEMP: 25
 MUSIC: Kenny G
 FACE CREST: 2000
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Feet 1 Fair
 CST: (1) Fair
 HST: 2 x 1x
 2 x back

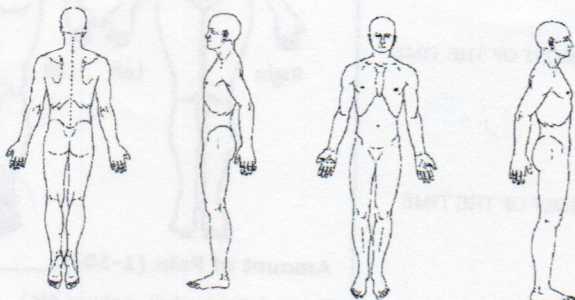


O/A: Traps up tight. Deltoids
 Rhomboids + trapezius tight
 ES tight. Pecs tight
 Rhomb region cong
☐ Full Body ☐ STOMACH
 ARMS ☐ Prone ☐ Supine LEGS
 TP rhomb/leg med/ham/traps
 Fx occ/scalp/ms
☐ Talked ☐ Quiet Breathing
 ROM Tied 7 ms
 FBACK Felt better 7 ms

EXTRA
 NEXT APPT: P = Relax client work on posture

TREATMENT NO. S =

DATE:
 TIME:
 PAID:
 REC.No:
 AIR TEMP:
 MUSIC:
 FACE CREST:
 SUPINE SCENT:
 OIL BLEND:
 HT:
 CST:
 HST:

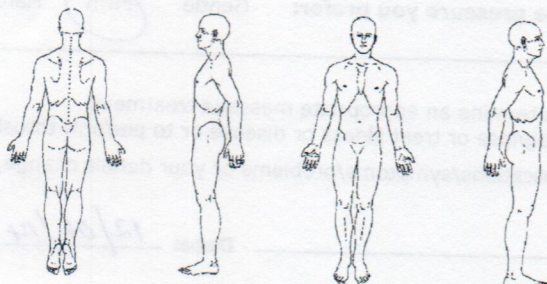


O/A:
☐ Full Body ☐ STOMACH
 ARMS ☐ Prone ☐ Supine LEGS
 TP
 Fx
☐ Talked ☐ Quiet Breathing
 ROM
 FBACK

EXTRA
 NEXT APPT: P =

TREATMENT NO. S =

DATE:
 TIME:
 PAID:
 REC.No:
 AIR TEMP:
 MUSIC:
 FACE CREST:
 SUPINE SCENT:
 OIL BLEND:
 HT:
 CST:
 HST:



O/A:
☐ Full Body ☐ STOMACH
 ARMS ☐ Prone ☐ Supine LEGS
 TP
 Fx
☐ Talked ☐ Quiet Breathing
 ROM
 FBACK

EXTRA
 NEXT APPT: P =