

Massage

Aromatherapy

Remedial

Pregnancy
And Infants

Sports

focus on movement

Client Record
Remedial Massage

- The information provided below is used to help determine an appropriate massage treatment.
- You (the client) must notify the clinic if changes occur regarding any of the details listed below.
- Massage therapists are not qualified to diagnose illness/disease or to perform thrust manipulation.

Full Name Kate Campbell Date of Birth 11/10/88

Postal Address 27 Gouldian St.

Home Phone 40336096 Work _____ Mobile 0437147916

Email Address kate_campbell188@yahoo.com.au Health Fund QTCU

Emergency Contact Details - Name and Number Jenni Campbell

Current Doctor _____ Referred By _____

Occupation and how long _____

Physical Activities/Hobbies/Exercise _____

Medical History (operations/illnesses/accidents/injuries) n/a

Medications - Prescribed or Natural: n/a

Please circle any areas you DON'T want massaged: Face Head Chest Stomach Back Buttocks Arms Legs Feet

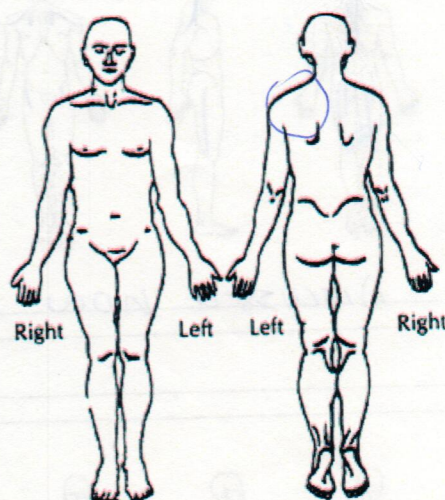
Please circle what type of massage pressure you prefer: Gentle Firm Hard Very Hard

Some conditions require your massage to be modified.
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
- ☐ 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
- ☐ Varicose Veins

Details regarding above selections:

Please circle areas of soreness or pain on the body chart below:



Amount of Pain (1-10): 3

Type (sharp, dull, aching etc) ache

When is the pain worst? _____

What relieves the pain? _____



Christine Jervis has
Massage Professional
Association Membership:



massage
AUSTRALIA



Signature: Kate Campbell

Date: 23/03/10

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.

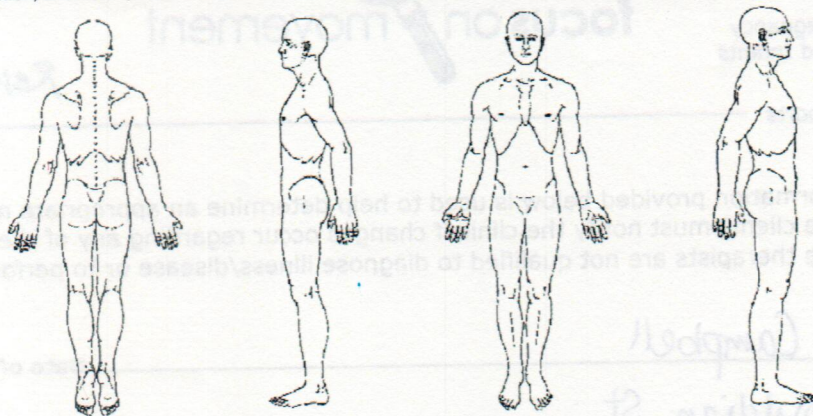
Keep well hydrated with water especially in the 24-48 hours after treatment.

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

- ☒ 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.
- ☒ 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: Kate Campbell Signature: Kate Campbell Date: 23/3/10

SOAP = SUBJECTIVE (clients states) **OBJECTIVE** (therapist observations, treatment) **ANALYSIS** (what worked, didn't) **PLAN** (plans for next session, advice, goals)
TAPS = 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

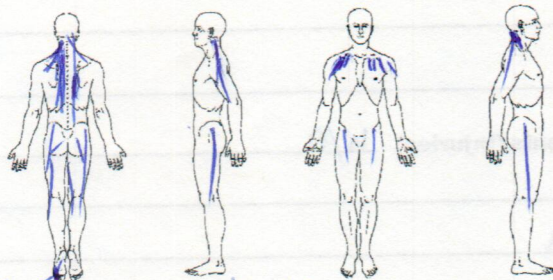


OBSERVATION/PALPATION/ASSESSMENT Major areas of asymmetry/pain/tension/tone, quality/quantity ROM, gait analysis, special tests performed:

Client goes to Melbourne Uni

TREATMENT NO. 1 S = client been feeling tight + sore from violin playing + studying asides + political subjects

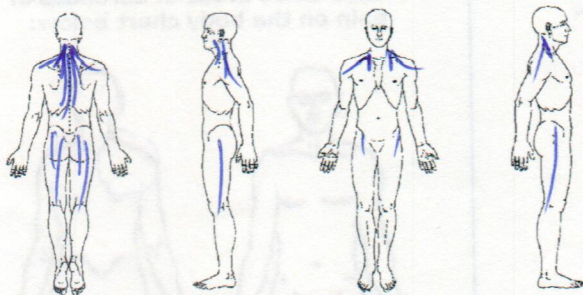
DATE: 23.03.10
 TIME: 10:30 AM
 PAID: \$45
 REC.No: 230310
 AIR TEMP: 23°C
 MUSIC: Enya
 FACE CREST: Jaw
 SUPINE SCENT: Lemon
 OIL BLEND: Relax
 HT: Feet + face
 EXTRA: Aloe Vera gel - face



O/A: Traps up tight + short
 Neck both v. short - L traps
 Lat esp L v. tight - V. high
 Rhomb region L v. cong
 TB (-stom) Heat to rhomb/med traps / ham / traps / traps - for same + les / o/s winged ok arms (p/s) - S ms + ST + VL esp Rhomb / shoulders / Gx - Re ROM 7 ms

Next appt: reflex on feet - 1 shoulder v. cong
 Discussed how muscles sit @ diff lengths
 showed per stretching + rework combine with study
TREATMENT NO. 2 S = client been feeling tightness in neck / shoulders

DATE: 13.09.13
 TIME: 1:45 PM
 PAID: \$85
 REC.No: 2790
 AIR TEMP: 25
 MUSIC: Ben Davis
 FACE CREST: Jaw
 SUPINE SCENT: Lem
 OIL BLEND: Relax
 HT: Feet + face
 EXTRA: Mandi tone

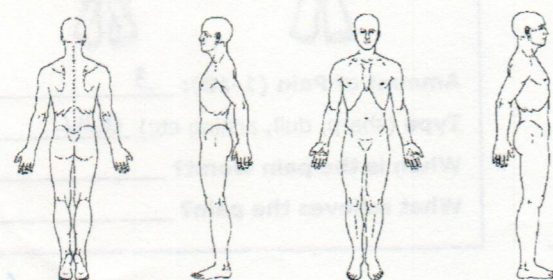


O/A: Traps up tight
 Neck both tight - Rea tight
 ES tight
 Rhomb region cong
 TB (-stom) Heat to rhomb/med traps / g med
 Client felt better 7 ms. Rx on shoulders / neck in particular helped

Next appt: Discussed how Ms will help body

TREATMENT NO. 3

DATE: _____
 TIME: _____
 PAID: _____
 REC.No: _____
 AIR TEMP: _____
 MUSIC: _____
 FACE CREST: _____
 SUPINE SCENT: _____
 OIL BLEND: _____
 HT: _____
 EXTRA: _____
 NEXT APPT: _____



O/A: _____

P =



Personal Information		
Full Name Kate Campbell		Occupation Public servant
Postal Address 27 Gouldian St, Bayview Heights		
Home Phone 0740336096	Work Phone -	Mobile 077545 1422
Email Address kate-campbell88@yahoo.com.au		
Please circle: what is the fastest / best way to get a response from you (e.g. when confirming a massage) <div> <input checked="" type="radio"/> Text Message <input type="radio"/> Home Telephone <input type="radio"/> Work Telephone <input type="radio"/> Email <input type="radio"/> Facebook Message </div>		
Emergency Contact Name: Jenni Campbell	Emergency Contact Number: 0408883174	Relationship to you (e.g. Partner). Mother
Is it ok to email you massage tax invoices? Please circle: <input checked="" type="radio"/> Yes (please email) / No (please print)		Please circle if you use any of the following: Facebook / Twitter / Instagram / Pinterest / Linked In
Anything new about your health / medical history? (Allergies / injuries / accidents / surgery / medications) -		
Health Fund Name Bupa		Massage pressure: Gentle <input checked="" type="radio"/> Firm <input type="radio"/> Hard <input type="radio"/> Very Hard
Client Signature Kate Campbell		Date 17/12/2018

☐ Office - Please tick after updated information is electronically entered

Kate Campbell

DOB 11 Oct 1988
Occupation Student

Appointments

Date	Time	Type	Practitioner
27 Dec 2024	4:30PM – 5:30PM	60 minute Massage	Christine Jervis
12 Aug 2024	9:00AM – 10:00AM	REBOOKING - 60 minute Massage	Christine Jervis
16 Feb 2024	9:15AM – 10:15AM	HOLIDAY SPECIAL - February 2024 - Rebooking Clients	Christine Jervis
6 Jan 2024	2:15PM – 3:15PM	60 minute Massage	Christine Jervis
17 Dec 2018	3:00PM – 4:00PM	60 minute Massage	Marina Franke

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 27 Dec 2024, 4:30PM

Created: 27 Dec 2024, 5:32PM

Last updated: 27 Dec 2024, 6:14PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - clients neck and shoulder tension / tightness there again now.

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, restricted and improved
Anything noteworthy - restricted, headaches
Anything specific to massage (E.g. no foot massage) - no

Baby is about 17mths now in Jan 24

Treatment details - what was done today to help the client

Pressure used - 2-3 firm
Music - Yanni if there
Aromatherapy Massage oil - Lav oil

	Spritzer - Euc Peppermint
	Remedial techniques -shoulders, neck. Vasodilated.
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; 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 so much better with movement afterwardss
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Recommend Next time suggested get a free sauna next time with her massage
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 12 Aug 2024, 9:00AM Created: 12 Aug 2024, 8:59AM Last updated: 12 Aug 2024, 10:07AM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - clients neck and shoulder tension improved with last massage. Feeling tightness there again now.
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, restricted and improved Anything noteworthy - restricted, headaches Anything specific to massage (E.g. no foot massage) - no Baby is about 6mths in February
Treatment details - what was done today to help the client	Pressure used - 2-3 firm Music - Yanni if there Aromatherapy Massage oil - Lav oil Spritzer - Joyful Remedial techniques -shoulders, neck. Vasodilated.
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; 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 so much better with movement afterwardss
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed using heat. Next time suggested get a free sauna next time with her massage
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 16 Feb 2024, 9:15AM

Created: 16 Feb 2024, 10:58AM

Last updated: 16 Feb 2024, 11:01AM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - clients neck and shoulder tension improved with last massage.
Feeling tightness there again now. Been doing pec stretch still, tries to do it daily

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, restricted and improved
Anything noteworthy - restricted, headaches
Anything specific to massage (E.g. no foot massage) - no

Baby is about 6mths in February

Treatment details - what was done today to help the client

Pressure used - 2-3 firm
Music - Yanni of there
Aromatherapy Massage oil - Lav oil
Spritzer - Joyful

Remedial techniques -shoulders, neck. Vasodilated.

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; 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 so much better with movement and afterwards

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

Discussed getting a free sauna next time with her massage

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

Time in Sauna (minutes) -
Feedback after treatment -

Standard Consultation - Remedial Massage	
Practitioner: Christine Jervis Appointment: 6 Jan 2024, 2:15PM Created: 6 Jan 2024, 4:14PM Last updated: 6 Jan 2024, 4:20PM	
Standard Consultation - Remedial Massage	
Presenting complaint (relevant medical history or client info)	What's going on now - client had baby 5 months ago, breech, C section. 1 massage when pregnant. Heathy in pregnancy but 42 weeks problems. Baby has hip displasia required harness.
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, restricted but not rechecked Anything noteworthy - restricted, headaches Anything specific to massage (E.g. no foot massage) -
Treatment details - what was done today to help the client	Pressure used - 2-3 firm Music - Ken Davis Aromatherapy Massage oil - Cream (breastfeeding) Spritzer - Joyful Remedial techniques -shoulders, neck. Vasodilated.
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; 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 so much better with movement and restriction
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: Marina Franke
Appointment: 17 Dec 2018, 3:00PM
Created: 17 Dec 2018, 2:58PM
Last updated: 17 Dec 2018, 4:16PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info) What's going on now - upper back, neck P. physio 2/52
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)-

Assessment / Testing done (including ROM) / Observations Verbal consent obtained.
ROM -
Anything noteworthy -
Any precautions / Red Flags -
Anything specific to massage - E.g. no foot massage

Treatment details - what was done today to help the client Pressure used -firm
Hot Stones -4
Hot Wet Towels -2
Cupping area -
Topical Treatment -
Music -nature
Aromatherapy -tangerine

What parts of the body were massaged? Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Supine;
Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses

Where any specific trigger points used?	
Body Chart	
Feedback after treatment -	very relaxed
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	
Infra-Red Sauna	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

There are no patient forms for Kate Campbell.