

Steven Sheridan

DOB 17 Feb 1953

Appointments

Date	Time	Type	Practitioner
10 Oct 2025	11:00AM – 12:00PM	60 minute Massage	Christine Jervis
16 Jul 2025	12:45PM – 1:45PM	60 minute Massage	Christine Jervis
9 Jul 2025	2:45PM – 3:45PM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 16 Jul 2025, 12:45PM

Created: 16 Jul 2025, 2:26PM

Last updated: 18 Jul 2025, 10:26PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - Client still been feeling sore, but big improvement from previous treatment. ITBs and Tib Ant sore. R shoulder been sore too.

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 - still managing injury recovery.
Anything specific to massage (E.g. no foot massage) - ankle problems

Treatment details - what was done today to help the client

Pressure used - 3 firm
Music - Ian Cam Smith
Aromatherapy Massage oil - Tincture
Spritzer - Lavender Peppermint

Remedial techniques - shoulders/back/hips. Side lying work on QLs/ITBs. Stomach massage with her body.

Hot Pack	Lower Body
Hot Stones	2 x Hips; 2 x Back/Shoulders; Cold stones on face
Hot Wet Towels	Feet; Face
Topical Treatment	Fisiocrem shoulders/neck; Zen back/hips
What parts of the body were massaged?	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - Supine; Legs - Prone; Legs - Supine; Legs - side-lying; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; QLs; ITBs; TFLs; Psoas
Body Chart	
Feedback after treatment -	Still some sore spots but feeling improvement from last week.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed recovery
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Initial Consultation - Remedial Massage

Practitioner: Christine Jervis
Appointment: 9 Jul 2025, 2:45PM
Created: 10 Jul 2025, 3:32PM
Last updated: 10 Jul 2025, 4:02PM

Initial Consultation - Remedial Massage Appointment

Presenting complaint (relevant medical history or client info)	What's going on now - client had fall and very sore in R hip and QL region. Running tonight at training.
Assessment / Testing done (including ROM) / Observations	<p>Verbal consent obtained.</p> <p>ROM - limited side flexion</p> <p>Anything noteworthy - injury</p> <p>Anything specific to massage (E.g. no foot massage) - No. hasn't had much massage regularly, just occasionally on holidays</p> <p>Client had any previous treatment elsewhere? Yes</p>

Any Red Flags - acute injury	
Medication or relevant procedures / info identified that may affect the massage.	Injury
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 firm Hot Stones - 2 x Hips and 2 x Back/Shoulders Hot Wet Towels - Feet / Face / Arms & Hands Hot Pack - lower Body Topical Treatment - Fisiocrem / Zen Music - Enya Aromatherapy Massage oil - lavender Pepp Spritzer - Lav peppermint
What parts of the body were massaged?	Full Body Treatment; Stomach; Side-lying Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - quick prone stretch/massage; Legs - Prone; Legs - Supine; Legs - side-lying
Where any specific trigger points used?	Rhomboids; QLs; ITBs; TFLs
Body Chart	
Feedback after treatment -	Feeling lots of tight areas
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Check in with physio if pain continues, use ice and heat to help
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record	
Practitioner: Christine Jervis Appointment: 9 Jul 2025, 2:45PM Completed: 9 Jul 2025, 1:57PM	
About you...	
What's your health fund?	Defence health

Occupation - how long?	Retired 5 years
List your physical activities, hobbies, exercise or sport.	Running cycling football umpiring
Do you sit/stand for long hours? (E.g. car/desk)	No
Medications - prescribed or natural	Nil
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	Had a fall yesterday
About Massage...	
How did you find out about our massage clinic?	<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Phonebook <input type="checkbox"/> Massage Association <input type="checkbox"/> Health Professional (Doctor, Physio, Midwife) <input checked="" type="checkbox"/> Referral - word of mouth <input type="checkbox"/> Current/Previous Customer
Who referred you? We use a client reward system - May we thank them?	Paul Majer
What are your goals or reasons for getting massage?	Fix an injury
Type of massage pressure you prefer?	<input type="checkbox"/> Gentle <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input checked="" type="checkbox"/> Very Hard <input type="checkbox"/> Not sure? (We'll check at your massage)
Any areas you DON'T want massaged?	<input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Stomach <input type="checkbox"/> Back <input type="checkbox"/> Buttocks <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Feet <input checked="" type="checkbox"/> I am ok with all the above areas being massaged <input type="checkbox"/> Not sure? (We will discuss reasons for massaging different areas at your appointment)
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.	Yesterday sore lower back
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 checked="" type="checkbox"/> Sharp pain <input type="checkbox"/> Stiffness <input type="checkbox"/> Muscle tightness <input checked="" 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

☐ 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 sleeping or falling asleep ☐ 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?

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.

