**Personal Details**

|  |  |
| --- | --- |
| **Question:** | **Notes:** |
| □ Are/could you be pregnant? Number of wks? |  |
| □ Allergies |  |
| □ DVT/blood clot risk |  |
| □ Infection/colds/fever in the last week? |  |
| □ Skin conditions |  |
|  |  |
| **Any current medical conditions diagnosis’?** | |
| **Are you currently taking any medication or supplements? If yes, how do they make you feel? Any noticeable side effects?** | |
| **Are you currently under the care of any medical professionals/complementary health care practitioners? Details of treatment?** | |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Date of 1st Treatment |  |
| Tel. No. |  | D.O.B. |  |
| Email: |  | Referral: |  |
| Emergency Contact: |  | Tel. No. |  |
| **GP Information** | | | |
| GP Name/ Surgery |  | GP. Tel No. |  |
| GP Address: |  | Initial here if you give your consent for your therapist to contact your doctor’s surgery if they deem it necessary | | |

**Reason for seeking treatment**

**Health History**

Type here

**OPQRS**

Type here

**SMART Outcome**

Type here

**Any Additional Information**

Type here

**Have you ever had a professional massage before? Have you experienced The Jing Method before?**

Type here

**If yes, what did you like/dislike?** (Pressure? Favourite areas to be massage? Any areas you dislike being touched?)

Type here

**Observation**

A picture containing text, map, linedrawing

Description automatically generated

A drawing of a face

Description automatically generated

**Observation Notes**

Type here

**ROM Assessment**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cervical Spine - CS** | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | |  | **AFTER TREATMENT** | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** |
|  |  |  |  |  |  |  |  |  |
| **Flex** | SCM,  Ant. Scale |  |  |  |  |  |  |  |
| **Extend** | Up. Traps,  Lev. Scap,  Sub. Occ |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | | | | | | | | **AFTER TREATMENT** | | | | | | | | | | | | | |
| **RIGHT** | | | | | |  | | **LEFT** | | | | | | | **RIGHT** | | | | | |  | | **LEFT** | | | | | |
| **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | **ROM** | | | **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | **ROM** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lat**  **Flex** | Up. Traps,  Lev. Scap,  SCM, Scalenes |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
| **Rot** | **Same Side:**  Lev. Scap,  Spl cap & cer |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
| **Opp Side:**  SCM,  Up Traps,  Scalenes |  | |  | |
| **Shoulder – Glenohumeral Joint – GH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | | **BEFORE TREATMENT** | | | | | | | | | | | | | | | **AFTER TREATMENT** | | | | | | | | | | | | | |
| **RIGHT** | | | | | |  | | **LEFT** | | | | | | | **RIGHT** | | | | | |  | | **LEFT** | | | | | |
| **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | **ROM** | | | **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | **ROM** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Flex** | Ant. Delt,  Up. Pec Maj,  Biceps Brac,  Coracobrach | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Extend** | Pos. Delt,  Lat dorsi,  Teres Maj,  Low. Pec Maj,  Triceps Brac | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
| **ABduct** | Deltoid  Supraspinatus | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
| **ADduct** | Lat. Dorsi,  Teres Maj,  Infraspinatus,  Pec. Maj | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
| **Ext/Lat Rot** | Pos. Delt,  Infraspinatus,  Teres Min | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
| **Int/Med Rot** | Ant. Delt,  Lat Dorsi,  Teres Maj,  Subscapularis,  Pec. Major | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |

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| **Shoulder – Glenohumeral Joint – GH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | | | | | | | | | **AFTER TREATMENT** | | | | | | | | | | | |
| **RIGHT** | | | | | |  | | **LEFT** | | | | | | | | **RIGHT** | | | | | |  | | **LEFT** | | | |
| **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | **ROM** | | | | **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | **ROM** |
|  |  |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |  |  |
| **H. Abd** | Pos. Delt |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |  |  |
| **H.Add** | Ant. Delt  Up. Pec. Maj |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |  |  |
| **Shoulder – Scapulothoracic Joint - ST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | | | | | | | | | **AFTER TREATMENT** | | | | | | | | | | | | |
| **RIGHT** | | | | | |  | | **LEFT** | | | | | | | | **RIGHT** | | | | | |  | | **LEFT** | | | | |
| **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | **ROM** | | | | **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | **ROM** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Elevat** | Up. Traps,  Rhomboids,  Lev. Scap. |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  | |
| **Depres** | Low. Traps,  Serratus Ant,  Pec. Minor |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |  |  | |
| **Abduct/ Protract** | Serratus Ant,  Pec. Minor |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |  |  | |
| **Adduct/ Retract** | Mid. Traps,  Rhomboids |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |  |  | |
| **Elbow – Humeroulnar & Humeroradial Joints** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | | **BEFORE TREATMENT** | | | | | | | | | | | | | | | | **AFTER TREATMENT** | | | | | | | | | | |
| **RIGHT** | | | | | |  | | **LEFT** | | | | | | | | **RIGHT** | | | | | |  | | **LEFT** | | |
| **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | | **ROM** | | | **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | **1-10** | **ROM** |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Flex** | Biceps Brac,  Brachialis,  Brachioradialis | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |  |  |  |
| **Ext** | Triceps Brac | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  |  |  |

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| **Forearm – Proximal & Distal Radioulnar Joints** | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | **AFTER TREATMENT** | | | | | | |
| **RIGHT** | | |  | **LEFT** | | | | **RIGHT** | | |  | **LEFT** | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** | | **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** |
|  | | | | | | | | | | | | | | | | |
| **Sup.** | Pronat. Teres,  Pronat. Quad |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Pron.** | Biceps Brac,  Supinator, |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |

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| **Wrist – Radiocarpal Joints** | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | **AFTER TREATMENT** | | | | | | |
| **RIGHT** | | |  | **LEFT** | | | | **RIGHT** | | |  | **LEFT** | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** | | **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** |
|  | | | | | | | | | | | | | | | | |
| **Flex.** | Wrist  Flexors |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Ext.** | Wrist Extensors |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| **Abduct/ Rad Dev** | Ext. Car. Rads,  Ext. Polls,  Flex Car. Rad  Abd Poll Lon |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| **Adduct/ Uln Dev** | Ext Car Uln,  Flex Car Uln |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Back - Vertebral Column** | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | |  | **AFTER TREATMENT** | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** |
|  |  |  |  |  |  |  |  |  |
| **Flex** | Rec Abdom,  Ext Obliq,  Int Obliq  Psoas,  Iliacus |  |  |  |  |  |  |  |
| **Ext** | Erector Spin,  Rotatores,  Mulitifidi |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | **AFTER TREATMENT** | | | | | | |
| **RIGHT** | | |  | **LEFT** | | | **RIGHT** | | |  | **LEFT** | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** | **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** |
|  | | | | | | | | | | | | | | | |
| **Lat**  **Flex** | Iliocostalis,  Ext Oblique,  Int Oblique,  Longissimus,  QL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Rot** | **Same Side:**  Ext Oblique,  Int Oblique,  Multifidi  Rotatores |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Opp Side:**  Ext Oblique,  Int Oblique,  Multifidi  Rotatores |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hip – Coxal Joint** | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | | **AFTER TREATMENT** | | | | | | | | | | | | | |
| **RIGHT** | | |  | **LEFT** | | | | | **RIGHT** | | | | | |  | | **LEFT** | | | | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | | **ROM** | | **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | **ROM** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Flex** | Psoas,  Iliacus, TFL,  Sartorius,  Rec Fem,  Ant Glut Med, Glute Min |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Extend** | Glute Max,  Hamstrings,  Pos Add Mag,  Pos Glut Med |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **ABduct** | Glute Max,  Glute Med,  Glute Min,  TFL |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **ADduct** | Add Magnus,  Add Long,  Add Brevis,  Pectineus,  Gracilis,  Low Glut Max |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Ext/Lat Rot** | Glute Max  Piriformis,  Quad Fem,  Ob int & ext,  Gem S & I,  Pos Glut Med,  Psoas, Iliacus |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Int/Med Rot** | Ant Glut Med,  Glute Min,  TFL,  Adductors |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **Knee – Tibiofemoral Joint** | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | **AFTER TREATMENT** | | | | | | | | | | | | | |
| **RIGHT** | | |  | **LEFT** | | | | **RIGHT** | | | | | |  | | **LEFT** | | | | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** | | **P +/-** | | **1-10** | | **ROM** | |  | | **P +/-** | | **1-10** | | **ROM** | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Flex.** | Hamstrings,  Gracilis,  Sartorius,  Gastroc,  Popliteus |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |  | |
| **Extend.** | Quadriceps |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Ext Rot (flexed)** | Biceps Fem |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **Int Rot (flexed)** | Semiten,  Semimem,  Gracilis,  Sartorius,  Popliteus |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ankle – Talocrural Joint** | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | **AFTER TREATMENT** | | | | | | |
| **RIGHT** | | |  | **LEFT** | | | | **RIGHT** | | |  | **LEFT** | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** | | **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** |
|  | | | | | | | | | | | | | | | | |
| **Plantar**  **Flex** | Gastroc,  Soleus,  Tib Post, |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Dorsi**  **Flex** | Tib Ant,  Ext Dig Long,  Ext Hall Long |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| **Foot – Talotarsal, Midtarsal & Talometatarsal Joints** | | | | | | | | | | | | | | | | |
| **ACTION** | **MUSCLES INVOLVED** | **BEFORE TREATMENT** | | | | | | | | **AFTER TREATMENT** | | | | | | |
| **RIGHT** | | |  | **LEFT** | | | | **RIGHT** | | |  | **LEFT** | | |
| **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** | | **P +/-** | **1-10** | **ROM** |  | **P +/-** | **1-10** | **ROM** |
|  | | | | | | | | | | | | | | | | |
| **Evers** | Peroneals,  Ext Dig Long |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| **Invers** | Tib Ant,  Tib Post,  Flex Dig Long,  Flex Hal Long,  Ext Hal Long |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| * Acute / Subacute/ Chronic | * Structures Involved: bone, joint, muscle, tendon, ligament, nerves |
| * Muscles Potentially Involved: based on: ROM agonist/antagonist; TP pain patterns; pathology | * Postural holding patterns / compensation |
| * Possible pathology / Any suggested professional referral | * Red / Yellow flags |
| * Central Nervous System: stress; anxiety; central sensitisation | * Client personality / outlook (biopsychosocial) |
| Type here | |

**Clinical Assessment Summary**

**Informed Consent and GDPR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Informed Consent:**   * I have had a thorough consultation with my chosen practitioner * I have been informed of the proposed treatment plan and agree to proceed with my therapist to address my specific needs. * I understand that therapeutic massage is not a substitute for traditional medical treatment. * I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional considerations based on my physical/emotional/psychological condition. * I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly. | | | |
| **Client Signature** |  | **Date:** |  |
| **Therapist Signature** |  | **Date:** |  |
| **I would love to sign up to your newsletter and be contacted with all your practice updates** | | | |
| **GDPR May 2018:**  The data collected on this form will be used for the sole purpose of clinical massage and will not be disclosed to any external sources. For insurance purposes these records shall be kept for at least 7 years following the last occasion on which treatment was given. | | | |

**Treatment Notes**

|  |
| --- |
| **SMART Outcome:** |
| **Treatment Summary & Clinical Evaluation:** |
| **Plan for next treatment:** |
| **Self-care Advice/Online follow up appointment:** |
| **Client Feedback:** |
| **Date of Next Treatment:** |

**Tx 1**

**Professional Reflective Notes**

Type here