The Jing Method: Advanced Clinical Massage
Confidential Consultation Form

Personal Details

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	

Health History

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?

Reason for seeking treatment

Type here

OPQRS

Type here

SMART Outcome

Type here

Any Additional Information

Type here

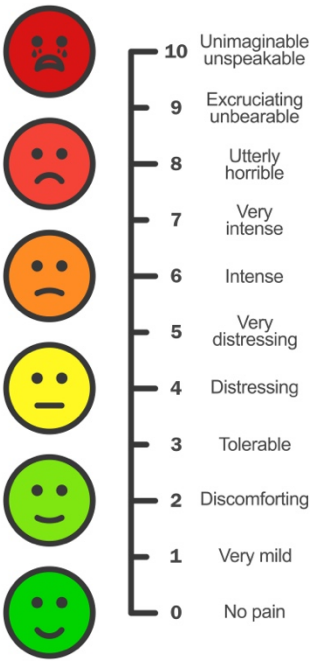
Have you ever had a professional massage before? Have you experienced The Jing Method before?

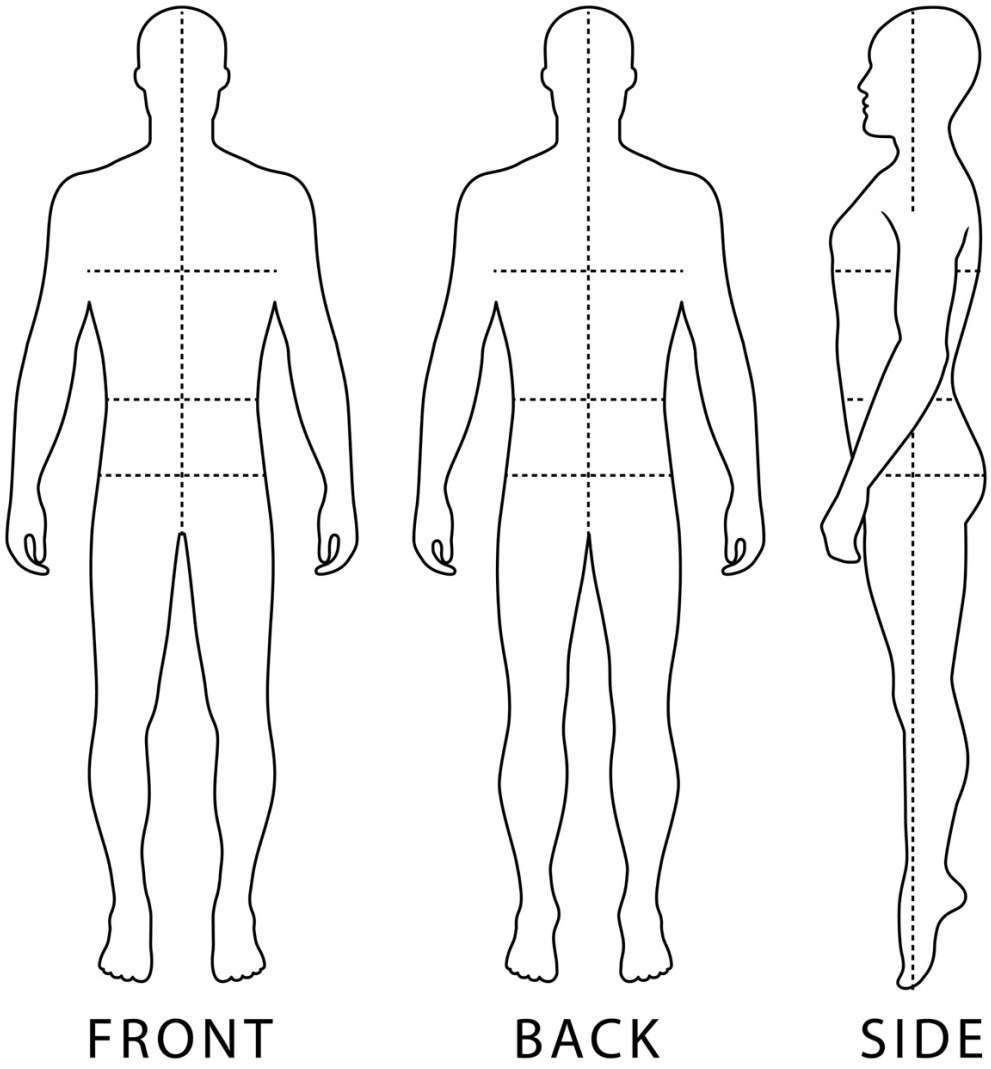
Type here

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

Type here

Observation





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						

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												

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												

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,												

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												

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						

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												

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												

Clinical Assessment Summary

• 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

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

Tx 1

SMART Outcome:

Treatment Summary & Clinical Evaluation:

Plan for next treatment:

Self-care Advice/Online follow up appointment:

Client Feedback:

Date of Next Treatment:

Professional Reflective Notes

Type here