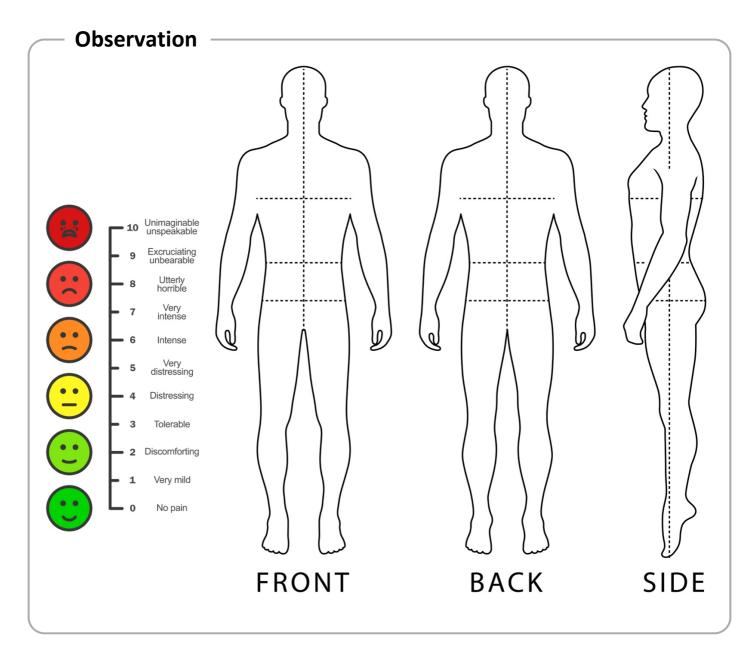


| Full Name: | | Date of 1 st Treatment |
|---|--|---|
| el. No. | | D.O.B. |
| Email: | | Referral: |
| Emergency Contact: | | Tel. No. |
| inergency contact. | | Tel. No. |
| GP Information | | |
| GP Name/ Surgery | | GP. Tel No. |
| GP Address: | | Initial here if you give your consent for your therapist |
| | | contact your doctor's surgery if they deem it necessar |
| Uaalth Histor | CV | |
| Health Histor Question: | у — | Notes: |
| • | regnant? Number of wks? | |
| Allergies | <u> </u> | |
| DVT/blood clot risk | | |
| ☐ Infection/colds/fev | | |
| - Intechon/colus/rev | | |
| | ei iii tile läst week: | |
| ☐ Skin conditions Any current medical c | conditions diagnosis'? | |
| ☐ Skin conditions Any current medical c | conditions diagnosis'? | lements? If yes, how do they make you feel? Any noticeable |
| Skin conditions Any current medical conditions Are you currently taking the side effects? | conditions diagnosis'? Ing any medication or supp | lements? If yes, how do they make you feel? Any noticeable professionals/complementary health care practitioners? |
| ☐ Skin conditions Any current medical control Are you currently taking side effects? | conditions diagnosis'? Ing any medication or supp | |
| Skin conditions Any current medical conditions Are you currently taking the side effects? | conditions diagnosis'? Ing any medication or supp | |
| Skin conditions Any current medical conditions Are you currently taking the side effects? | conditions diagnosis'? Ing any medication or supp | |
| Skin conditions Any current medical calcal | conditions diagnosis'? Ing any medication or supp | professionals/complementary health care practitioners? |
| Skin conditions Any current medical conditions Are you currently taking the effects? Are you currently und Details of treatment? | conditions diagnosis'? Ing any medication or supp | professionals/complementary health care practitioners? |
| Skin conditions Any current medical care you currently taking the side effects? Are you currently und Details of treatment? | conditions diagnosis'? Ing any medication or supp | professionals/complementary health care practitioners? |
| Skin conditions Any current medical calcal | conditions diagnosis'? Ing any medication or supp | professionals/complementary health care practitioners? |
| Skin conditions Any current medical calcal | conditions diagnosis'? Ing any medication or supp | professionals/complementary health care practitioners? |
| Skin conditions Any current medical calcal | conditions diagnosis'? Ing any medication or supp | professionals/complementary health care practitioners? |



| OPQRS | | |
|---|--|-----------|
| | | |
| SMART Outcome — | | |
| | | |
| Any Additional Inform | ation — | |
| Have you ever had a professional mas | sage before? Have you experienced The Jing Metho | d before? |
| If yes, what did you like/dislike? (Presbeing touched?) | sure? Favourite areas to be massage? Any areas you | dislike |





| Observation Notes | | | |
|---------------------------------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



ROM Assessment

| Cervical | <mark>pine - CS</mark> | | | | | | | | | | | | |
|-------------|--|-------|---------------|------------------|----------|--------------|-----|-------|-------|----------|---------------------|---------|------|
| ACTION | MUSCLES INVOLVED | P +/ | | ORE TREA 1-10 | ATMENT R | ОМ | | P +/ | | FTER TRI | EATMEN [*] | Γ RO | M |
| Flex | SCM, Ant. Scale | | | | | | | | | | | | |
| Extend | Up. Traps, Lev. Scap, Sub. Occ | | | | | | | | | | | | |
| ACTION | MUSCLES | | | | TREATMEN | | | | DIGUE | | REATMEN | | |
| ACTION | INVOLVED | P +/- | RIGHT 1-10 | ROM | P +/- | LEFT 1-10 | ROM | P +/- | 1-10 | ROM | P +/- | 1-10 | RON |
| | | F +/- | 1-10 | KOWI | Ρ τ/- | 1-10 | KOW | P +/- | 1-10 | KOIVI | F +/- | 1-10 | KOIV |
| Lat Flex | Up. Traps, Lev. Scap, SCM, Scalenes | | | | | | | | | | | | |
| | Same Side: Lev. Scap, Spl cap & cer | | | | | | | | | | | | |
| Rot | Opp Side: SCM, Up Traps, Scalenes | | | | | | | | | | | | |

Shoulder – Glenohumeral Joint – GH

| | | | | BEFORE 1 | REATMEN | IT | | | | AFTER 1 | REATMENT | | |
|----------------|---|-------|----------|----------|---------|------|-----|----------|-------|---------|----------|------|-----|
| ACTION | MUSCLES | | RIGHT | Γ | | LEFT | | | RIGHT | Γ | | LEFT | |
| | INVOLVED | 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 | | | | | | | | | | | | |



| <mark>Shoulder -</mark> | – Glenohumera | l Joint – | <mark>GH</mark> | | | | | | | | | | | |
|-------------------------|---------------|-----------|-----------------|----------|---------|------|-----|-------|------|-------|----|---------|------|-----|
| | | | | BEFORE 1 | REATMEN | T | | | • | AFTER | TR | EATMENT | | |
| ACTION | MUSCLES | | RIGHT | • | LEFT | | | RIGHT | | | | LEFT | | |
| ACTION | INVOLVED | P +/- | 1-10 | ROM | P +/- | 1-10 | ROM | Р | 1-10 | ROM | | P +/- | 1-10 | ROM |
| | | | | | | | | +/- | | | | | | |
| H. Abd | Pos. Delt | | | | | | | | | | | | | |
| H.Add | Ant. Delt | | | | | | | | | | | | | |
| II.Add | Up. Pec. Maj | | | | | | | | | | | | | |

Shoulder - Scapulothoracic Joint - ST

| | - | | | BEFORE 1 | REATMEN | Т | | | | AFTER 1 | REATMENT | | |
|---------------------|--|-------|-------|----------|---------|------|-----|----------|-------|---------|----------|------|-----|
| ACTION | MUSCLES | | RIGHT | • | | LEFT | | | RIGHT | Γ | | LEFT | |
| Action | INVOLVED | 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

| | | | | BEFORE T | REATMEN | IT | | AFTER TREATMENT | | | | | |
|--------|--|-------|------|-----------------|---------|------|-----|-----------------|------|-----|-------|------|-----|
| ACTION | MUSCLES | | RIGH | Γ | | LEFT | | | RIGH | Γ | | LEFT | |
| ACTION | INVOLVED | P +/- | 1- | ROM | P +/- | 1- | ROM | Р | 1- | ROM | P +/- | 1-10 | ROM |
| | | | 10 | | | 10 | | +/- | 10 | | | | |
| Flex | Biceps Brac, Brachialis, Brachioradialis | | | | | | | | | | | | |
| Ext | Triceps Brac | | | | | | | | | | | | |

Forearm – Proximal & Distal Radioulnar Joints

| | | | BEFORE TREATMENT | | | | | | | AFTER TREATMENT | | | | | | |
|--------|----------------|-------|------------------|-----|-------|------|-----|-----|-------|-----------------|-------|----|-----|--|--|--|
| ACTION | MUSCLES | | RIGHT | | | LEFT | | | RIGH' | Γ | LEFT | | | | | |
| 7.0 | INVOLVED | P +/- | 1- | ROM | P +/- | 1- | ROM | Ρ, | 1- | ROM | P +/- | 1- | ROM | | | |
| | | | 10 | | | 10 | | +/- | 10 | | | 10 | | | | |
| Pron. | Pronat. Teres, | | | | | | | | | | | | | | | |
| | Pronat. Quad | | | | | | | | | | | | | | | |
| Sup. | Biceps Brac, | | | | | | | | | | | | | | | |
| Jup. | Supinator, | | | | | | | | | | | | | | | |



| Wrist – Ra | diocarpal Joints | <mark>S</mark> | | | | | | | | | | | |
|------------|------------------|----------------|-------|----------|----------|------|-----|-------|------|---------|-----------|------|-----|
| | MUSCLES | | | BEFORE ' | TREATMEN | T | | | | AFTER 1 | TREATMENT | Γ | |
| ACTION | INVOLVED | | RIGHT | | | LEFT | | | RIGH | Γ | | LEFT | |
| | INVOLVED | P +/- | 1-10 | ROM | P +/- | 1-10 | ROM | P +/- | 1-10 | ROM | P +/- | 1-10 | ROM |
| Fl | Wrist | | | | | | | | | | | | |
| Flex. | Flexors | | | | | | | | | | | | |
| Ext. | Wrist | | | | | | | | | | | | |
| EXI. | Extensors | | | | | | | | | | | | |
| | Ext. Car. Rads, | | | | | | | | | | | | |
| Abduct/ | Ext. Polls, | | | | | | | | | | | | |
| Rad Dev | Flex Car. Rad | | | | | | | | | | | | |
| | Abd Poll Lon | | | | | | | | | | | | |
| Adduct/ | Ext Car Uln, | | | | | | | | | | | | |
| Uln Dev | Flex Car Uln | | | | | | | | | | | | |

| Back - Ve | rtebral Colun | <mark>nn</mark> | | | | | | | | | | | |
|-------------|--|-----------------|-------|----------|---------|------|-----|-------|-------|-------|---------|------|-----|
| ACTION | MUSCLES | | | ORE TRE | | | | | | | REATMEN | | |
| 7.011011 | INVOLVED | P + | ·/- | 1-10 | | ROM | | P +/ | /- | 1 | -10 | RO | М |
| Flex | Rec Abdom, Ext Obliq, Int Obliq Psoas, Iliacus | | | | | | I | | | | | | |
| Ext | Erector Spin, Rotatores, Mulitifidi | | | | | | | | | | | | |
| | MUSCLES | | | BEFORE 1 | TREATME | NT | | | | AFTER | TREATME | NT | |
| ACTION | INVOLVED | | RIGHT | • | | LEFT | | | RIGHT | Γ | | 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 | | | | | | | | | | | | |



| | | | | BEFORE T | REATMEN | ΙΤ | | | | AFTER T | REATMENT | - | |
|----------------|---|-------|----------|----------|---------|------|-----|----------|------|---------|----------|------|-----|
| ACTION | MUSCLES | | RIGHT | Γ | | LEFT | | | RIGH | Γ | | LEFT | |
| Action | INVOLVED | 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 **BEFORE TREATMENT AFTER TREATMENT MUSCLES RIGHT RIGHT LEFT LEFT ACTION INVOLVED** P +/-P +/-ROM P +/-ROM 1-10 ROM P +/-1-1-10 1-10 ROM 10 Hamstrings, Gracilis, Flex. Sartorius, Gastroc, Popliteus Quadriceps Extend. Biceps Fem **Ext Rot** (flexed) Int Rot Semiten, Semimem, (flexed) 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 |
| | Gastroc, | | | | | | | | | | | | |
| Plantar Flex | 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; | Postural holding patterns / compensation | | | | |
| TP pain patterns; pathology | | | | | |
| Possible pathology / Any suggested professional referral | Red / Yellow flags | | | | |
| Central Nervous System: stress; anxiety; central sensitisation | Client personality / outlook (biopsychosocial) | | | | |



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: | |
| — Professional Reflective Notes ————— | |
| | |
| | |
| | |