

Name & surname:		Baby's name & surname:			
Date of birth – mom:		Age:	Date of birth – baby:		Age:
Email:			Occupation:		
Cell phone number:			Landline:		
Address:					
Emergency contact person (name & phone):					
Pregnancy status (number of weeks):					
Marital Status		Children (age of each)	Previous Labour / Births	General Diet (Mum)	Daily Posture (Mum)
Single <input type="checkbox"/>			Caesarian <input type="checkbox"/>	Good (fruit/water/proteins) <input type="checkbox"/>	Extremely Physical <input type="checkbox"/>
Married <input type="checkbox"/>			Normal <input type="checkbox"/>	Fair (irregular eater) <input type="checkbox"/>	Physical <input type="checkbox"/>
Divorced <input type="checkbox"/>			Complications <input type="checkbox"/>	Poor (junk food) <input type="checkbox"/>	Non Physical <input type="checkbox"/>
Widowed <input type="checkbox"/>			Fertility Intervention <input type="checkbox"/> Y <input type="checkbox"/> N		
Bowel Movement (Mum)		Good (every day) <input type="checkbox"/>	Fair (every second) <input type="checkbox"/>	Poor (once a week) <input type="checkbox"/>	
Menstrual Cycle		Regular date <input type="checkbox"/>	Irregular date <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
Medication:					
Herbal Supplements:					
Medical history (any illness, condition related to pregnancy, accident or operation in the past 2 years):					
Paediatrician:		Gynaecologist:		Contact Number:	
Medical History & Contra-indications (related to area where massage is to be performed) (Mark with X where applicable)					
Abnormal skin conditions (any condition where pus is present)		<i>Mum</i>	<i>Baby</i>	Kidney stones (related to massage area)	<i>Mum</i> <i>Baby</i>
Disease of the skin which requires medical attention				Varicose veins, thrombosis and other circulatory diseases (related to massage area)	
Acute inflammation e.g. cuts, abrasions etc.				Severe High blood pressure	
Dermatitis				Severe Low blood pressure	
Eczema				Heart conditions	
Psoriasis				Head injuries	
Viral infections				Lymphatic disorders	
Bacterial infections				Glandular obesity	
Fungal infections				Diabetes (slow healer & ulcers on legs / medication)	
Hyper-sensitive skin caused by Sun				Epilepsy (medication/ medium)	
Extreme Wind burn				Rheumatism	
Extreme cold burn				Arthritis	
Swollen tissue cells				Brittle bones or osteoporosis	
Bruised tissue cells				Broken bones (related to massage area)	
Thin, delicate skin (from age or medication)				Cancer (medical permission granted)	
Wounds or unhealed scars				Placenta previa	
Claustrophobia				Continuous miscarriages	
Colic				Constipation	
Reflux				Diarrhoea	
Severe bladder or kidney infections				Recent or old injuries which require medical attention	
<p>I have read and understood the above and I am attending this workshop to learn to massage my own baby. I hereby sign that the above information is true and correct. I fully indemnify the practitioner performing any massage training/treatment on myself or my baby for 12 months from the date of this document. I grant permission to Alison Strauss The Massage Specialist KZN to send me correspondence until such time as I unsubscribe.</p> <p>Signed _____ Date _____</p>					