

Client Record Form – Private and Confidential

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):			

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/ protein) <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:
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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)	Mum	Baby	Kidney stones (related to massage area)	Mum	Baby
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		

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 practioner 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 Specilaist KZN to send me correspondence until such time as I unsubscribe.

Signed _____ **Date** _____