

Infant Massage Instruction Intake & Shared Agreement

Your responses will remain confidential & will assist me in sharing additional information with you about massage instruction. Please return to Lynn Barts, CIMI® at Baby & Me, LLC at info@iteachbabymassage.com

Parent(s) or Guardian Names: _____

Child name: _____ Child's Date of Birth: _____

Home Street Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____ Contact number including area code: (____) _____

If you respond YES to any of the following questions, please provide additional information on a back of this sheet, if necessary.

1. Is your child under the care of a physician? No Yes Name: _____

Previous hospitalizations: No Yes If yes, when & reason _____

2. Is your child currently taking any medications? No Yes If yes, please list purpose and type.

3. Does your child have heart issues? No Yes Circulatory conditions? No Yes

4. Does your child have skin problems? No Yes If yes, please explain _____

5. Does your child have Allergies? No Yes If yes, please explain _____

6. Does your child have developmental hip dysplasia? No Yes

7. Does your child have Hernias? No Yes

8. Feeding issues? No Yes

9. Jaundice? No Yes

10. Crankiness, fussy, colic, etc? No Yes If yes, please explain _____

11. Sleep challenges? No Yes If yes, please explain _____

Infant Massage Instruction Shared Agreement to Participate

I understand that this is a participatory class, where I will be practicing infant massage techniques with my baby/child and/or a doll. The instructor will model the strokes on a doll and will give me feedback as I practice on my baby or doll. I understand that this is not a medical service but a developmental approach that may offer benefits for you and your child.

Signature of Parent(s) or Guardian

Date