Mother Earth Massage

701 Grand Ave #4

Billings, MT 59101

(406) 794-9519

Parents Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tele\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_

Birth Weight\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Height\_\_\_\_\_\_\_\_\_\_ Present Weight\_\_\_\_\_\_\_\_\_

Was baby early or late?\_\_\_\_\_\_\_\_\_\_\_\_\_ Any complications labor or delivery\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your infant/child under the care of a physician? Previous hospitalization

Is your infant/child currently taking medicine?

Does your infant/child heart issues?

Circulatory conditions? Skin problems? Allergies?

Developmental Hip Dysplasia?

Hernias?

Any feeding problems, crankiness, colic, fussy ?

Jaundice?

Does your infant/child have any special situations of concern regarding massage?

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_