

THREE LITTLE BEARS

pediatric massage

Pediatric Intake form

Child's Name: _____ Birthdate: _____

Caregiver's Name: _____

Address: _____

Phone: _____ (cell, home)

Email: _____

Referred by: _____

In case of emergency,

Name: _____ Phone: _____

Relation: _____

Child's health care provider: _____ Phone: _____

Contraindications for Pediatric Massage include:

- Fever
- Acute infection, staph infection, illness or disease
- Skin disorder/condition which may be contagious or cause inflammation (fungus, rashes, herpes)
- Open sores, wounds or lesions
- Recent immunizations/vaccinations (wait 48-72 hours)
- Life threatening medical condition
- Unhealed umbilical cord (tummy massage contraindicated)
- Swollen lymph nodes
- Blood clots or blood condition
- Diarrhea or other sickness
- Inflammation
- High blood pressure
- Hernia
- Osteoporosis
- Varicose veins
- Broken bones
- Deep vein thrombosis
- Pain

Common Precautions for Pediatric Massage may include:

- Apnea
- Bradycardia
- Tachycardia
- Abdominal distention
- Gastrointestinal or Jejunostomy feeding tubes
- Hydrocephalus
- Inflammations
- Edema
- Dysplasia
- Hemophilia
- Jaundice
- Recent surgery
- HIV/AIDS
- Tumors
- Seizure disorders
- Agitation
- Impulsivity

Please Indicate any of the high risk factors or complications, that I should be aware of:

Is there any other relevant information about the pregnancy, child birth, about you or the child, that I should know?

Child's initials _____

I, _____(parent/guardian) understand that my child will be participating in pediatric massage therapy as a form of adjunct healthcare.

I have noted above all the complications, risks or conditions my child has experienced.

I understand in order for my child to receive pediatric massage therapy, he/she must give permission to the practitioner.

I understand that my child will receive pediatric massage therapy as a form of adjunctive healthcare only and that it is not a substitute for other healthcare provided by a medical doctor or other licensed provider.

I hereby, release and hold harmless and defend the practitioner from any claims, liability, demands and causes of action from my and my child's participation in this therapy.

Signature: _____ Date: _____

Printed name: _____

Practitioner's signature _____ Date: _____

Printed name: _____

Practitioner's Contact Information:
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Three Little Bears Pediatric Massage
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Child's initials _____