

## Infant Massage Intake & Consent Form

Massage therapy for an infant is not intended to replace other forms of health care – rather, it is used as a form of adjunctive health care. Potential benefits include:

<p><b>Muscular / Skeletal:</b></p> <ul style="list-style-type: none"> <li>Improved posture/balance</li> <li>Reduction of muscle tension that could lead to medical problems</li> <li>Increased nutrient &amp; blood flow to bones &amp; muscles</li> <li>Removal of lactic acid &amp; carbonic acid which build up after strenuous activity</li> <li>Increased/decreased muscle tone depending on what is needed</li> <li>Increased/reduced joint mobility &amp; range of motion depending on what is needed</li> </ul>	<p><b>Digestive:</b></p> <ul style="list-style-type: none"> <li>Relief of constipation</li> <li>Relief of gas</li> <li>Reduction in water retention</li> <li>Improved absorption of food due to an increase in food absorption hormones (Insulin &amp; Glucagon)</li> </ul> <p><b>Circulatory:</b></p> <ul style="list-style-type: none"> <li>Stimulation of blood &amp; lymph flow</li> <li>Strengthened immune system</li> <li>Release of toxins held in the body</li> </ul>	<p><b>Respiratory:</b></p> <ul style="list-style-type: none"> <li>Improved breathing patterns</li> <li>Reduction of respiratory problems</li> <li>Relief of tension in the chest allowing the lungs to expand more fully</li> </ul> <p><b>Nervous:</b></p> <ul style="list-style-type: none"> <li>Relaxed/calmed baby</li> <li>Better sleep for baby</li> <li>Raised endorphin levels promoting healing</li> <li>Relief from feelings of frustration &amp; hyperactivity</li> </ul>
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### ABOUT CHILD

Child's Name: \_\_\_\_\_ Birth Date (DD/MM/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

We use an automated email & text message system for appointment reminders (see details on page 2) – please provide us with your contact info below and indicate (by checking the box & initialing) if you would like to receive these notifications.

E-mail address: \_\_\_\_\_

\_\_\_\_ (initial) subscribe me to email appointment reminders & notifications  \_\_\_\_ (initial) subscribe me to newsletter & promotional emails

Mobile Phone #: \_\_\_\_\_  \_\_\_\_ (initial) subscribe me to text message appointment reminders

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ x \_\_\_\_\_

How did you hear about Calm Massage Therapy & Wellness Studio?  Friend –(who?) \_\_\_\_\_

Internet  Rack card/Business Card  Mail-out  Doctor  Phonebook  Other \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Medical Doctor: \_\_\_\_\_ Does child have extended medical coverage?  No  Yes

### INFANT MASSAGE HAS TO BE ALTERED IF CHILD HAS ANY OF THE FOLLOWING:

Apnea	Inflammations	Recent surgery
Bradycardia/ Tachycardia	Edema	HIV / AIDS
Abdominal distention	Dysplasia	Tumors
Gastrointestinal feeding tubes	Hemophilia	Cancer
Hydrocephalus	Jaundice	Seizure disorders

### INFANT MASSAGE SHOULD NOT BE PERFORMED IF CHILD HAS ANY OF THE FOLLOWING:

High fever / temperature	Any life threatening medical condition
An acute infection / illness / disease	An unhealed umbilical cord (NO local massage)
A contagious skin disorder	Swollen lymph nodes
Open sores or lesions	Blood clots or other serious blood condition
Had recent immunization (wait 48—72 hours)	Diarrhea or other sickness

Please indicate if your child has recently had or does have any of the above mentioned conditions:

\_\_\_\_\_

Is there anything else about the pregnancy/childbirth, about you, or about the child, that we should know? \_\_\_\_\_

\_\_\_\_\_

### FEE SCHEDULE

The fee schedule below applies to all persons paying privately. If you have extended medical coverage that your child is covered under, please check your particular policy to see how much you will be reimbursed—plans vary between individuals. We will provide you with a medical receipt suitable for claiming massage therapy expenses for the child. Payment for all treatment whether private or insured is ultimately the responsibility of the patient (ie parent/guardian of child). We accept cash, debit, visa and mastercard for payment. GST applies to all fees listed below and these fees are subject to change without notice.

Fees for infant massage therapy treatments:

Group Sessions	\$80.00	(for a 4 session series)
Private Session	\$65.00	(per individual 45 minute session)

### AUTOMATED APPOINTMENT REMINDERS

If you have indicated participation in this, two days before your scheduled appointment you will receive an 'Appointment Reminder/Confirmation' email asking you to click the link to confirm that you will be at your appointment. If you do not confirm via email, then one day prior to the appointment you will receive a text message requesting that you reply 'C' to

confirm that you will be at your appointment. (If you do not have a texting plan with your service provider, message and data rates may apply. You can unsubscribe to the text message by replying "STOP".)

### CANCELLATION / MISSED APPOINTMENT POLICY

Please understand that it is ultimately YOUR responsibility to be punctual for your visit. If you show up late, we will have to shorten your appointment time accordingly in order to be prompt and prepared for upcoming patients

If you need to reschedule your appointment, please give us AT LEAST 24 HOURS NOTICE so that we can fill the space. Should an appointment be cancelled with less than 24 hours notice, 50% of your scheduled appointment fee will apply. Should an appointment be missed entirely without any notice, the full appointment fee will apply. Please understand that this policy is in place because we do our best to respect you and your time and we expect the same from you in return. THANK YOU!

TO CONFIRM THAT YOU HAVE READ THE ABOVE AND ARE AWARE OF THE FEES THAT APPLY FOR LATE CANCELLATIONS AND MISSED APPOINTMENTS, **PLEASE INITIAL HERE:** \_\_\_\_\_

### CONSENT FOR TREATMENT

Registered Massage Therapists (RMTs) are health care professionals committed to restoring and maintaining optimal health and pain-free function of the body. They are educated and trained to accurately assess and treat with techniques that include massage and manual therapy, joint mobilization, hydrotherapy, rehabilitative exercise such as stretching, strengthening, postural exercise and patient education, as well as providing (and educating a parent/ guardian about) infant massage for a child.

I hereby state that the above information that I have filled in is true and accurate to the best of my knowledge. I authorize Calm Massage Therapy & Wellness Studio Ltd. and its associated RMTs to communicate with my Child's Medical Doctor as deemed necessary for treatment. I understand that a record will be kept of the health services provided. This record, along with my/ my child's personal information, will be kept confidential and will not be released to others unless so directed by myself or unless law requires it. I understand that I may look at my child's medical record at anytime and can request a copy of it by paying the appropriate fee. I understand that information from my child's medical record may be analyzed for research purposes and that my/ my child's identity will be protected and kept confidential.

I also understand that I am expected to notify my RMT if there are any changes to my child's health or medications/drugs prescribed OR if I am uncomfortable with ANY part of my child's massage therapy treatments. I understand that results are not guaranteed. I do not expect that the RMT will be able to anticipate and explain all risks and complications. I understand that the RMT is not responsible for any complications that may arise from massage/ rehabilitative exercises that I practice on my child without supervision by the RMT. With this knowledge, I voluntarily consent to the therapeutic procedures mentioned above.

I intend this consent form to cover the entire course of treatment with Calm Massage Therapy & Wellness Studio Ltd. & its associated RMTs. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. I understand that my child will be receiving massage therapy as an adjunctive form of healthcare, and must continue to receive appropriate medical care from his/her Medical Doctor.

Child's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_