

Confidential Health Check Form – Baby Massage Course/Workshop

PERSONAL DETAILS

Name of Baby:

Date of Birth: Male/Female/other

Parents/carers' Names.....

Address:

.....

Postcode: Telephone No:

Mobile No: E-mail:

Name of Doctor:

Surgery Address:

Health Visitor:

BIRTH DETAILS

Weight: Type of Birth:

Any other information:

.....

MEDICAL DETAILS

Paediatric Health Check 6-8 weeks: YES NO

Immunisations

Details:

.....Date:

.....Date:

GP's Comments:

Medical Conditions: YES NO

Notes:

.....

ALLERGIES: YES NO

Notes:

Recent Vaccinations and Dates:

Any Reactions:

PATCH TEST

Product:.....Date.....Signed.....

CONTRAINDICATIONS TO BABY MASSAGE

Is your baby experiencing any of the following at the moment? If YES, it is not advisable to undertake massage.

Vaccination in last 3 days	YES	NO
Vomiting	YES	NO
Skin Rash	YES	NO
Infection	YES	NO
Cuts/Wounds	YES	NO
Diarrhoea	YES	NO
Temperature/Fever	YES	NO
Bruising/Swelling	YES	NO
Inflammation	YES	NO

PRE-EXISTING MEDICAL CONDITIONS

Information
 GP advice has been sought before commencement of baby massage
 Signed.....Date.....

I confirm that the information supplied is a true record and understand that I should not massage if my baby has experienced any of the above contraindications. I accept full responsibility for the health of my child.

I understand all details and information are held in the strictest confidence.

I give permission for my details to be held by Medway Adult Education / Medway Children and Family Hubs in accordance with the UK General Data Protection Regulation (UK GDPR)

Signed **Date:**

Tutor use

Week	Date	Notes re massage session and contraindicators	Oil Used
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			