Paris Holistic Health

** Dynamic Body Balancing Infant Client Information Form**

(Please Print)

**General Information:**

Child’s Name: Date of Birth:

**Family Contact Information**

Parent’s Name:

Address:

Home Phone: Cell: Work Phone:

Email: € Add me to your mailing list

How did you hear about us?

**Health Information:**

Pediatrician’s Name:

List Medications and Supplements:

Prenatal History:

* Mom Injured during pregnancy:
* Mom’s pregnancy symptoms:
* Number of sonograms/monitoring:

Birth History:

* Number of Weeks:
* Natural/Induced:
* Medications:
* Duration of labor:
* Duration of pushing:
* Complications:
* Interventions:

Postnatal History:

Has child had any surgeries? If so, list with dates:

Has child had any accidents/injuries? If so, list with dates:

Has child had any major illnesses? If so, list with dates:

Has child been hospitalized? If so, list with dates:

**Reason(s) for coming in today:**

**Newborn Infant Issues (Please check all that apply)**

* Wants to nurse all the time and not a growth spurt period
* Baby will only feed in the football hold
* Sucks for a few minutes, pulls off, screams and tries again and repeats
* Nursing causes mom a great deal of pain, injuring the nipple and baby can't open mouth wide enough to cover most of the areola
* Excessive spitting up, excessive gulping, difficulty swallowing, gas pain, spits out pacifier
* Baby makes fists with thumbs inside
* Red puffy eye tissue that hasn't resolved after a few days
* No heart shape to lips
* High palate

€ Other (list anything not covered) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Treatment History:**

Have you ever had a Craniosacral Therapy Session?

If Yes, when was your last session? Number of previous sessions?

**Dynamic Body Balancing Consent Form**

Dynamic Body Balancing is a form of energy healing that uses hands-on treatment to assist the body to heal. It is a combination of myofascial unwinding and craniosacral techniques. While doing this work, I listen to the body, watch where the healing energy is moving, support the body as it flows, and allow the healing energy to direct the session. When these forces are allowed to work in the body, old traumas and emotions are released resulting in deep healing. This technique helps the body rebalance itself structurally and energetically.

**Myofascial Unwinding:**

When we fall, are in an accident, or play sports, our bodies get twisted out of alignment and the fascia, the connective tissue that surrounds the muscles and organs of the body, becomes tight, restricted, and out of balance. Fascial imbalance can actually begin while a baby is still in-utero. When there is an imbalance in the fascia, the restriction hinders the optimum flow of blood, nerve impulses and energy. Balancing the fascia is essential for balancing the physical body because long-term restrictions can result in a thickening of the fascia and diminish the healthy function of that area of the body.

**Craniosacral Therapy:**

Craniosacral therapy involves a slight pressure on the sutures or connections between the cranial (head) bones. Balancing the cranial bones also balances the sacral area of the spine. When balance is restored to the head and tail, then balance is restored to the nervous system and surrounding structures that support it.

**Consent to Treatment:**

I understand that Dynamic Body Balancing is a hands-on energy technique that is used for

rebalancing the body structurally and energetically. I give my permission for the practitioner to touch my child’s body in the performance of the Dynamic Body Balancing technique. I understand that the practitioner does not diagnose conditions, prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Dynamic Body Balancing does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I believe that my child may have. I understand that Dynamic Body Balancing can complement any medical or psychological care my child may be receiving. I also understand that the body has the ability to heal itself and rebalancing it structurally and energetically is beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of healing desired.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Parent/Guardian**

**Privacy Notice:**

No information about any client will be discussed or shared with any third party without written consent of the parent/guardian if the client that is under 18 years of age.