

# INTAKE FORM- BABY AND CHILD



Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Date \_\_\_\_\_

Parents Name/s \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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### ***Agreement***

By signing this form, I agree and consent to the healing work.

I understand that with any healing process and bodywork, symptoms can worsen before they get better.

I understand this care is designed to assist the body with healing by helping to remove stressors from the body. I understand that healing takes time and there is no quick immediate fix to my problem, and health is a process.

I freely permit my child to undergo the recommended treatment and hereby give my full consent to treatment.

I understand that any fee for service rendered is due at the time of service and cannot be deferred to a later date.

Name \_\_\_\_\_

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







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What is your **main concern** for your child? Please describe their symptoms

## Symptoms in the past 6 months

Are there any **secondary concerns** or anything else from this list:

GATEWAYS	<b><i>Has your child had any of these symptoms in the last 6 months - please circle</i></b>	
<b>PAUSE</b> 	<ul style="list-style-type: none"> <li>• Headaches</li> <li>• Sleeping disorders</li> <li>• Ear / Throat Infections</li> <li>• Sinus Problems</li> </ul>	<ul style="list-style-type: none"> <li>• Blood noses</li> <li>• Loss of hearing</li> <li>• Colds/Flu</li> </ul>
<b>PASSION</b> 	<ul style="list-style-type: none"> <li>• Neck Pain</li> <li>• Milk or lactose intolerance</li> <li>• Other food sensitivities</li> </ul>	
<b>CENTRE</b> 	<ul style="list-style-type: none"> <li>• Asthma/Allergies</li> <li>• Breathing problems</li> </ul>	
<b>POWER</b> 	<ul style="list-style-type: none"> <li>• Digestive Troubles</li> <li>• Constipation</li> <li>• Diarrhoea</li> </ul>	
<b>FOUNDATION</b> 	<ul style="list-style-type: none"> <li>• Lower Back Pain</li> <li>• Hip issues or Groin problems</li> <li>• Knee pain</li> </ul>	
<b>BASE</b> 	<ul style="list-style-type: none"> <li>• Nervousness</li> <li>• Anxiety</li> <li>• Neurological disorders</li> </ul>	

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## ***At the Child's Birth***

Was it chemically induced?	Y	N
Was a C-Section performed?	Y	N
Were forceps used?	Y	N

Are there any **other details about the birth** you think are useful for us to know about in order to help? If yes, please specify

Were there any **specific stresses** that may have been present in your **family** at the time of your child's birth?

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## ***Health History***

Is your child on **medication**? What condition is it for? Yes / No

Has your child ever been **injured**? Please specify Yes / No

Has your child experienced any **trauma**? Please specify Yes / No

Have there been any **stressful events** occurred in your child's life? Please specify Yes / No

If not already mentioned, has your child ever been in a **motor vehicle accident**? Yes / No

Please provide details:

Has your child ever been **hospitalised** or had **surgery**? Yes / No

Any **Childhood illnesses**? If yes, please list Yes / No

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Any history with **colic, reflux or difficulty breathing**? Yes / No

Have there been any **falls**? eg falling out of bed, off a bike, down steps etc Yes / No

Is your child **accident prone**? Yes / No

Does your child have a **learning disorder**? Yes / No

Does your child show any signs of **nervousness, not coping or anxious behaviour**? Yes / No






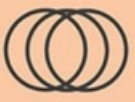

Has your child had a **spinal curvature** (scoliosis) confirmed by an approved practitioner? Yes / No

Have you ever had **X-rays** taken? What was the result? Yes / No

**If you could improve one aspect** of your child's health or behaviour, what would it be?

# 7 GATEWAYS OF THE SPINE



GATEWAY	SPINAL LEVEL	NERVE SUPPLY	SYMPTOMS OF SPINAL BLOCKAGES	FEELS LIKE
<b>AWAKEN</b> 	Cranium	Head, Brain and Cranial Nerves	<ul style="list-style-type: none"> <li>• Low Energy</li> <li>• Spaciness, Dizziness</li> <li>• Memory Issues &amp; Brain Fog</li> </ul>	You don't have enough life force or energy. You can feel disconnected and living life separate and alone.
<b>PAUSE</b> 	C1-C2, The Upper Cervical Spine	Neck, Eyes, Ears, Nose And Sinuses	<ul style="list-style-type: none"> <li>• Headaches, Migraines</li> <li>• Colds, Flu, Earaches, Tinnitus</li> <li>• TMJ, Sinus Problems</li> <li>• Sleep Disorders, Snoring</li> <li>• Learning Disorders</li> </ul>	Your head is about to explode and that your thoughts are not in alignment with your body. You are busy with thinking and stuck in the future.
<b>PASSION</b> 	C3-C7, The Lower Cervical Spine	Neck, Shoulders, Arm, Throat and Thyroid	<ul style="list-style-type: none"> <li>• Neck, Shoulder or Arm Pain</li> <li>• Sore Throats, Thyroid Issues</li> <li>• Swollen Glands</li> <li>• Food Sensitivities</li> <li>• Tiredness after Eating</li> </ul>	You need to swallow your thoughts and ideas. May feel as though no-one listens and you cannot speak your truth.
<b>CENTRE</b> 	T1-T12, The Thoracic Spine	Upper and Mid Back, Heart, Lungs, Gallbladder, Stomach, Pancreas, Spleen, Liver and Kidneys	<ul style="list-style-type: none"> <li>• Breathing Issues, Asthma</li> <li>• Chest Pain, Heartburn</li> <li>• High or Low Blood Pressure</li> <li>• Gas, Burping</li> <li>• Trouble with Fatty Foods, Indigestion</li> <li>• Kidney and Bladder Problems</li> </ul>	Taking the weight of the world on your shoulders. Feels like you try to protect or hide your heart. Rarely prioritising yourself.
<b>POWER</b> 	L1 - L5	Low Back, Colon, Prostate, Uterus	<ul style="list-style-type: none"> <li>• Lower Back Pain</li> <li>• Disc Problems</li> <li>• Digestive and Reproductive Complaints</li> </ul>	Disempowered and don't have enough drive to get through life, feel withdrawn
<b>FOUNDATION</b> 	Sacrum	Pelvis, Groin, Hip, Leg, Knee, Ankle	<ul style="list-style-type: none"> <li>• Lower Back Pain, Sciatica</li> <li>• Hip Issues, Groin Problems</li> <li>• Knee Pain</li> </ul>	Being stuck in the past, can't move forward or make a decision. Overall feelings that you are unsupported.
<b>BASE</b> 	Coccyx	Tail Bone, Toes	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Depression</li> <li>• Nervous System Issues</li> <li>• Neurological Disorders</li> </ul>	Body is stuck in the fight: flight response and trying to survive rather than thrive. Can feel ungrounded, as though feet can't rest on the floor.