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The Touch of Health
10035 Sophia Ave., North Hills, CA 91343

The Healing Arts Center of Altadena
1927 N. Lake Avenue, Altadena, CA 91101

CranioSacral Therapy Client Information – **Infant-Toddler**

Baby's Name _____ Birthdate _____Age ____ Today's Date _____
Street Address _____ City _____ State _____ Zip _____
Mother's Name _____ Father's Name _____
Mother's Cell Phone _____ Father's Cell Phone _____
Home Phone _____ Referred by: _____
Email: _____
Reason for bringing your baby today?
_____
_____
_____

Birth and Infancy History:

Full term?_____ Premature?_____ Past Due Date? _____ Birth weight _____ Birth length _____
____ Caesarian delivery? ___ Forceps or vacuum suction delivery?
___ Labor difficulties?_____ ____ Anesthesia/epidural? _____
____ Breast fed or ____ Bottle fed? ____ Vaccinations? _____
____ Colic problems?_____ ____ Pacifier use? How long? _____
____ Sleeps ____ hours at a time ____ Frequently fussy?_____
____ Sleeping arrangement _____ ____ Frenectomy? _____
____ Breastfeeding issues? _____ ____Upper lip tie corrected? _____
Any accidents, injuries, or surgeries? No ____ Yes ____ If yes: _____
_____

Other issues of concern _____

Your child's doctor: _____

Mother's Pregnancy History:

_____

_____

_____

Signature: _____