

Registration and Health Questionnaire (Tummy Time)

Class Date & Time			
Your name		DOB	
Address	Post Code		
Email		Phone	
Occupation			
Baby's name		DOB	
Type of delivery			
Emergency contact		Phone	

Please answer all questions to the best of your knowledge:

Are you on any medication that may affect you during the session?

Have you any illness / disabilities or other postnatal issues?

Do you have any injuries or joint problems?

No Yes Details (if Yes)

No	Yes	Details (if Yes)

NOTE: If you have answered YES to any of the above questions, you should seek medical approval to continue with your training.

No Yes

Were you recommended to us by a health or medical practitioner?

Does your baby have any health conditions (e.g. clicky hips)

Have you and your baby had your 6 Week postnatal review?

Will your baby have immunisations within 24 hours of a baby massage session?

Do you or your baby have any allergies?

When did you last exercise and how?

What do you hope to achieve from HBC Tummy Time?

How did you hear about the class?

No	Yes	

Safety Guidelines for Baby Massage

Please read these guidelines carefully before you attend your first class:

- Parents work with their own baby.
- When practising with your baby, never rush or force anything. If you feel stressed or tense, just take a break and come back to the practice later. Always ensure that you feel safe, secure and confident with the way you are holding or massaging your baby. Never do anything that you do not feel comfortable with.
- If your baby is unwell, it is best not to attend the massage class. If your baby is crying excessively and cannot be comforted, he/she may be ill. If your baby is limp, pale, has a temperature, or any difficulties breathing, please seek appropriate medical help: never practice massage on a distressed baby.
- It is not recommended to massage within 24 hours of your baby's immunisations.

Informed Consent

I hereby state that:

1. I have read the above safety guidelines and will ensure that I adhere to them.
2. I take full responsibility for myself and my baby, and for everything that happens to me and my baby in relation to the Tummy Time class.
3. If I have any health concerns which may affect my participation, or that of my baby, I will seek medical approval.
4. I will keep the instructor informed of any health issues that arise over the course of the classes, both for me and my baby.
5. I have read, understood and answered all questions in the health questionnaire honestly.
6. Any issues I raised with the teacher were answered to my full satisfaction.
7. I am participating of my own free will and, in doing so accept that, as with any exercise programme, there is a potential risk of injury.
8. I *give/do not give consent to sharing my email address with other members of the class.
9. I *give/do not give consent to occasional photographs including myself, being used for Henley Birthcare promotional purposes.
10. I understand that I must pay for the course† (or remainder of the course) in full and that although I may be able to make up a missed class, refunds are not offered. †Courses are 5-7 weeks
11. I reserve the right to withdraw consent to be contacted by Henley Birthcare, at any time.
12. I understand that all the information I provide, will remain confidential and will not be shared with third parties.

*Delete as applicable

Client's Signature		Date	
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Full payment is required to secure a place and this is due before the first week.

Record of Care

Recti check		Advise referral to GP/Physio?	Yes / No
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Teacher's Signature		Date
Teacher's Name		