**Paediatric Osteopathy Consent**

Osteopathy is a Manual Therapy that is based on holistic philosophy as seen the body as a whole unit, and that all systems and structures are interrelated and that one can affect the other and vice versa.

Osteopathy Practice for infants is also based on clinical findings from the assessment of imbalances of the soft tissues, membranes, joints, cranial bones, visceral organs and has a profound positive effect on the circulatory, and nervous systems of the body , and maintain optimal balance in the body.

During the birth process, the baby undergoes a series of compressive and twisting forces that somehow affect in some cases the baby's body, creating imbalances and setting up abnormal functions , and abnormal growth patterns. Adding to these movements, if the labour was a difficult one, or forceps, vacuum used, or c -sections happened, or they are premature babies, there are probabilities that the newborn has been traumatized and his/her nervous systems is on alert mode.

Gentle safe Osteopathic techniques are employed to balance soft tissues, release compressed structures and cranial bones, soothe the nervous system. The main focus of the therapy is to allow the baby's body to be balanced, soothe the nervous system for them to be more calm, and body can heal and restore function by itself.

As there may be safe concerns regarding Osteopathic treatments on the parents side, They will be welcome to join the therapy session so it will be more beneficial for baby and parents.

The Osteopathic practitioner has explained to me the procedures of assessment and treatments, techniques that may include gentle manipulations and mobilization of joints, tendons, ligaments, cranial bones, visceral organs. In general for infants, Indirect techniques are mostly used which require no force on the Practitioner part.

Fee for Initial Consultation is $95.00 plus HST , follow up treatments are $70.00 plus HST per 30 minutes. **PLEASE NOTE THERE IS A FEE OF $65.OO FOR MISSING, CHANGING, OR CANCELLING APPOINTMENTS IN LESS THAN 24 HOURS**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and give consent for the Osteopathic Manual Practitioner to do an assessment and treatment for my baby, this consent does not imply consent for subsequent visits, the practitioner will ask again for consent for each visit. I know I can withdraw consent to treatment at any time.

Signature Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gerardo Ponce, Osteopathic Manual Practitioner, 724 Adelaide Street North, London, ON**

**Paediatric Health History**  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother/Father or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary complaint of Infant/Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have any conventional medical investigations been done, and diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What treatments have already been given, and outcome?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the Infant/ child taking any medicine?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a treatment request or a prescription from a Paediatrician or other physician?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any illnesses suffered by parents or grandparents that may relate to baby's condition ?­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

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How was the pregnancy in terms of physical pain or discomfort, stress levels, nausea, vomiting, emotionally, mentally?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How were the contractions in terms of interval and duration?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Was normal or breech position?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Page 02 Client's Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any complications with labour?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How is breast-feeding, Bottle feeding, Digestive issues?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any accidents, falls in the past, fractures?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the child reaching his/her milestones ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is the sleeping patterns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the baby irritable often? Colic?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Breathing Issues, Abnormal Movements, Spasms, Tremors?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall coordination?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other condition not listed above, i.e. Asthma, Allergies, Ear infections, Behaviour issues, Learning difficulties, Pain, Sinusitis, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank you for the information provided, It will help us to treat your baby more effectively, please sign the form to acknowledge consent for Osteopathic Treatment. Please notice that 24 hours notification is required for cancelling appointments. Missed appointments without adequate prior notification may be subject to a charge.

Signature Parent/Guardian

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