

# VOILÀ LA FAMILIA

PAULE-DOMINIQUE ANNEHEIM  
MASSAGE THERAPIST CMT

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## Pediatric Massage Information Form

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Are you currently under a doctors care? \_\_\_\_\_ Doctor's name: \_\_\_\_\_

Birth history:

Premature? \_\_\_\_\_ Problems? \_\_\_\_\_ Breech position? \_\_\_\_\_ Caesarean? \_\_\_\_\_

Please check if you now have, or ever had problems with the following:

skin diseases \_\_\_\_\_ headaches \_\_\_\_\_ epilepsy or seizures \_\_\_\_\_  
joint pain or swelling \_\_\_\_\_ contagious illness or disease \_\_\_\_\_ tension or soreness in a specific area \_\_\_\_\_  
other pain \_\_\_\_\_ insomnia \_\_\_\_\_ extra sensitivity to touch or pressure \_\_\_\_\_

Any allergies? \_\_\_\_\_

How is your health in general? \_\_\_\_\_

Any chronic health problems? \_\_\_\_\_

Any operations in your lifetime? \_\_\_\_\_

injuries: \_\_\_\_\_ sprains: \_\_\_\_\_

broken bones: \_\_\_\_\_ dislocations: \_\_\_\_\_

concussions or other head injuries \_\_\_\_\_ car accidents: \_\_\_\_\_

Any other major trauma, such as falls or bicycle accidents?: \_\_\_\_\_

Any recent injuries, hospitalizations or illnesses? \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_

How much stress have you been under recently? \_\_\_\_\_

Where does your body tend to store stress? For example, do you get headaches or stomachaches when you are worried about something? \_\_\_\_\_

Is there anything else you would like me to know? \_\_\_\_\_

When you receive a massage, you will not be touched in any area that would usually be covered by a bathing suit (shorts for boys, tow piece bathing suits for girls). Is there any other area that you do not want to be touched?  
\_\_\_\_\_

I understand that Voilà La Familia is not a substitute for medical examination and treatment. I further understand that massage is of the basic purpose of relaxation, release of muscular tension, and the enhancement of health through increasing circulation and energy flow.

By my signature below, I hereby agree that my child shall receive massage from Paule-Dominique Anneheim and I agree to remain on her premises unless that parent, the child, and the therapist are in agreement that the child may remain when the parent leaves.

I hereby give \_\_\_\_\_ permission to speak with my child's pediatrician if there are any issues of concern.

Signature of Parent or Guardian \_\_\_\_\_