KIDSPACE CST Notes Baby/Child

Name: _____Date:_____
DX:_____DOB:_____

□ Reflux	□ Diarrhea	□ Clicking	□ Cradle Cap
□ Spitting up	□ Dec Extension	□ Pain at beast / Sores	□ Diaper Rash
□ Hiccups	□ Turns head only 1 side	□ Mastitis	□ Excessive Air Intake
□ Lip blister	□ Diff opening wide	□ Over / Under Supply	□
□ Stools/ per day	Stool color / consistency	□ Wet diapers _____	□

Notes:_____

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Treatment:

Diaphragms: □ sacral □ respiratory □ thoracic □ hyoid	
□ Occipital Condyles □ Temporal Ear Pull	
Sphenoid: Flex Ext * RLF LLF * RSB LSB Decompression Mandible	
□ Pelvic Floor Release □ DT	
TT: Adhesion * Diamond Shape	LP: Adhesion * Diamond Shape
SFR	

Therapist____