

ASSESSMENT

YES ANSWERS ARE POSITIVE INDICATORS FOR
CRANIOSACRAL THERAPY

	Yes	No
<u>Is the baby dribbling milk while feeding? Bottle/breast</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Can you hear clicking while feeding?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Do you feel pain on one or both sides while feeding?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the baby have a side preference?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is the baby grunty, back arch and/or skip poo days?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is there a flat spot on one side/back of head?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the baby find it hard to pass gas or to burp?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does baby just not want to do tummy time?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is the baby crying all the time?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the baby only crawl with one leg?</u>	<input type="checkbox"/>	<input type="checkbox"/>