

Rocking Chair Project  
Patient Acceptance Form

**This form should be completed before mom and baby are released from the hospital.**

I accept the offer of a rocking chair made to me by \_\_\_\_\_,  
(name of doctor)

AT: \_\_\_\_\_  
(program name)

I give my permission to have it delivered to my home or at the following address:

STREET: \_\_\_\_\_  
\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER (to schedule delivery): \_\_\_\_\_

MY VISIT HAS BEEN SCHEDULED FOR:  
\_\_\_\_\_ (date and time)

I understand we will assemble the chair together during this visit.

I understand that I will be asked if photos may be taken during the visit and to sign a release form giving my permission for the pictures to be used.

I understand that I will be asked what it meant to me to receive the rocker and will provide this information to my doctor at the end of the home visit.

NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please give this form to your program's Rocking Chair Project Administrator to  
place the order for the glider rocking chair**

**The signed acceptance form should be kept on file at your site**