



Align

Nourish

Hydrate

Restore

Client Intake – Please complete details on first page and sign.

Name.....Date.....

Date of Birth.....Mobile:.....

Address.....

Email:.....

Occupation:.....

Recreation/sport:.....

Relevant information/ history of condition:

.....

Please circle (Yes or No) and provide details (if during previous 2 years)

Recent illness or operation	Y or N	Fractures Dislocations	Y or N
High blood pressure	Y or N	Low blood pressure	Y or N
Implants where?	Y or N	Replacements	Y or N
Pregnancy	Y or N	Reconstructions	Y or N

Emergency Contact: (name & ph: no:)

I declare the above information to be **true and correct** and indemnify Blue Sky Healing of any liability for any false or misleading information given. It is understood and accepted that the session provided by Blue Sky Healing is of a **therapeutic nature** and **not diagnostic** and does not offer a curative approach and **results are not guaranteed** in any way. All information gathered regarding clients will remain the property of Blue Sky Healing and will be remain **confidentially secured**. Information may be used for **notification of events and services** as deemed appropriate. I agree that **payment for services** be made at the time of service to be made by cash, credit card or bank transfer. I agree to provide **24 hours' notice of cancellation**. I hereby accept a **Bowen Therapy treatment** from Jenny Fitzgerald.

Signed:.....Date:.....



Presenting conditions: To be completed by Jenny on first visit:

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Areas of muscular tension & soreness

- Onset:
- Progression
- Previous occurrence
- Type of pain or discomfort
- Radiation to other body parts
- Review of any other related or concurrent symptoms
- Site of discomfort or pain
- Setting under which symptoms occur
- Severity

