

BowenWorks Magic - Phoenix

Intake Form

Name _____ Male____ Female_____

Date of Birth or (age)_____ Occupation_____

Address _____

City, State, Zip_____

E-mail (BowenWorks Magic use only) _____

Phones (c) _____ (w) _____ (h) _____

Sports, hobbies (limitations or concerns) _____

Emergency contact _____

Referred by which wonderful client or business _____

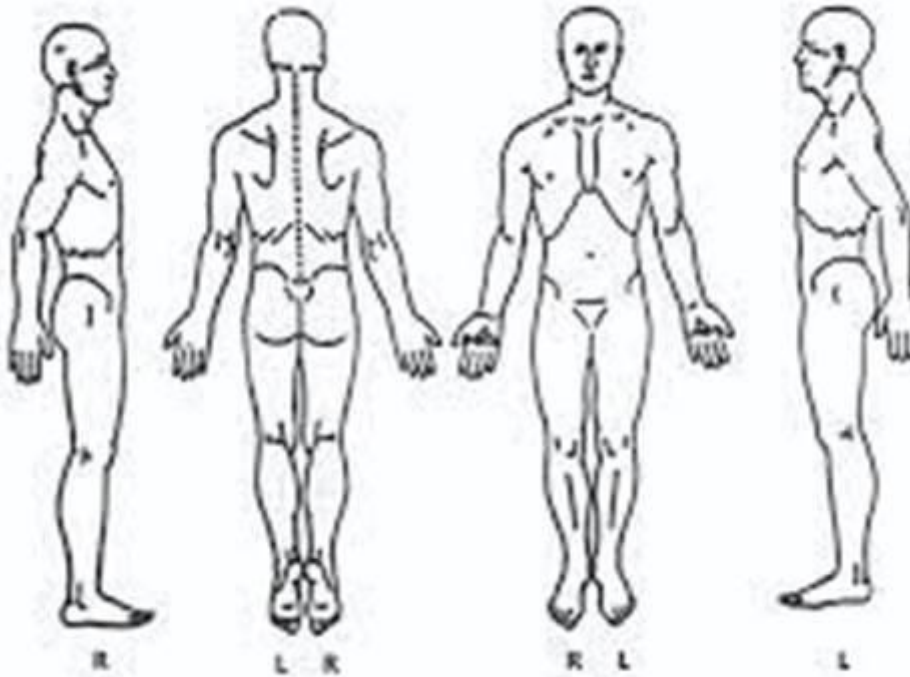
Describe your condition(s), including length of time experienced. Please list all accidents, falls, injuries, scars, and surgeries that you can remember, this is very relevant in our selections of Bowen procedures to be used. Please include approximate month and year of occurrence. Please include any childhood incidents also. Please add a page(s) as needed:

Please check all that apply:

- Abdominal / digestive problem
- Allergies / hay fever
- Arthritis – (location):
- Asthma
- Ankle problem
- Back pain -- (location):
- Bed wetting (children)
- Bone spurs
- Breast lump
- Breast pain
- Breast implants
- Bronchitis
- Bunion
- Bursitis
- Buttock pain
- Cancer
- Carpal tunnel syndrome
- Chest pain
- Colic (baby)
- Constipation
- Cochlear Implant
- Diabetes
- Diaphragm pain or tightness
- Diarrhea
- Dizziness
- Ear or eye problem
- Edema, general
- Elbow pain, tennis or golf
- Fatigue, chronic
- Fibromyalgia or polymyalgia
- Fibroids -- (location):
- Fracture
- Fallen on tailbone / coccyx
- Gall bladder problem
- Heating pad / ice pack usage
- Heating / cooling salve usage
- Hammer toes
- Hamstring pain or tightness
- Headaches

- Heart problem
- Hernia
- Hip pain
- Hip replacement
- Implant(s)
- Incontinence / bladder (adult)
- Infertility
- Jaw / TMJ problem / surgery
- Joint replacement -- (location):
- Knee problem
- Liver problem
- Lung problem
- Magnet usage
- Migraines
- Neck Pain
- Numbness -- (location):
- Orthodontia, extensive
- Orthotics in shoes
- Osteoporosis
- Pain, other -- (location):
- Pelvic pain
- Plantar fasciitis or neuroma
- PMS or menopause
- Pregnancy or actively trying
- Prolapse
- Prostate problem
- Rib pain / subluxation
- Scars
- Sacral pain
- Sciatica
- Scoliosis
- Shin splints
- Shoulder problem
- Sinus problem
- Sleep / energy problem
- Tailbone injury
- Tinnitus
- Uterine or ovary problem
- Vehicular accidents
- Wrist or thumb pain
- Other:

Shade in the area(s) of pain on the anatomical drawing and rate the severity of each pain on a scale of 1-10 to the best of your ability.



- (2) Mild pain (annoying, nagging)
- (4) Discomforting (troublesome, numbing)
- (6) Distressing (miserable, agonizing, gnawing)
- (8) Intense (cramping, dreadful, horrible)
- (10) Excruciating (tearing, crushing, unbearable)

Current medications (it is sufficient to state purpose, such as cholesterol, high blood pressure, osteoporosis). This information can assist with options or may indicate potential medical referral. Beware that Opioids (narcotics) and anti-depressants inhibit the success of Bowenwork.

List all hands-on modalities/therapies you've had and when you last had anything done. This includes but is not limited to Chiropractic, Massage, Acupuncture, and Physical Therapy.

I have stated, to the best of my knowledge, my known medical conditions. I understand that Bowenwork is given for the purpose of stress reduction, relief from muscular tension and/or spasm, facilitation of circulation and energy flow, and relief from stiffness. I understand that the practitioner does not diagnose illness or disease, nor treat specific physical or mental disorders. I will inform my practitioner of any changes in my condition and will contact my practitioner should I have any concerns.

Signature _____ Date _____

To be completed by practitioner:

Range of Motion:

Neck (R) ____ (L) ____ Arm (R) ____ (L) ____ Scapula (R) ____ (L) ____

Leg extension (R) ____ (L) ____ Leg abduction (R) ____ (L) ____

Faber ROM (R) ____ (L) ____ Faber Pain Groin ____ Buttock ____

Balance ____ Height ____