

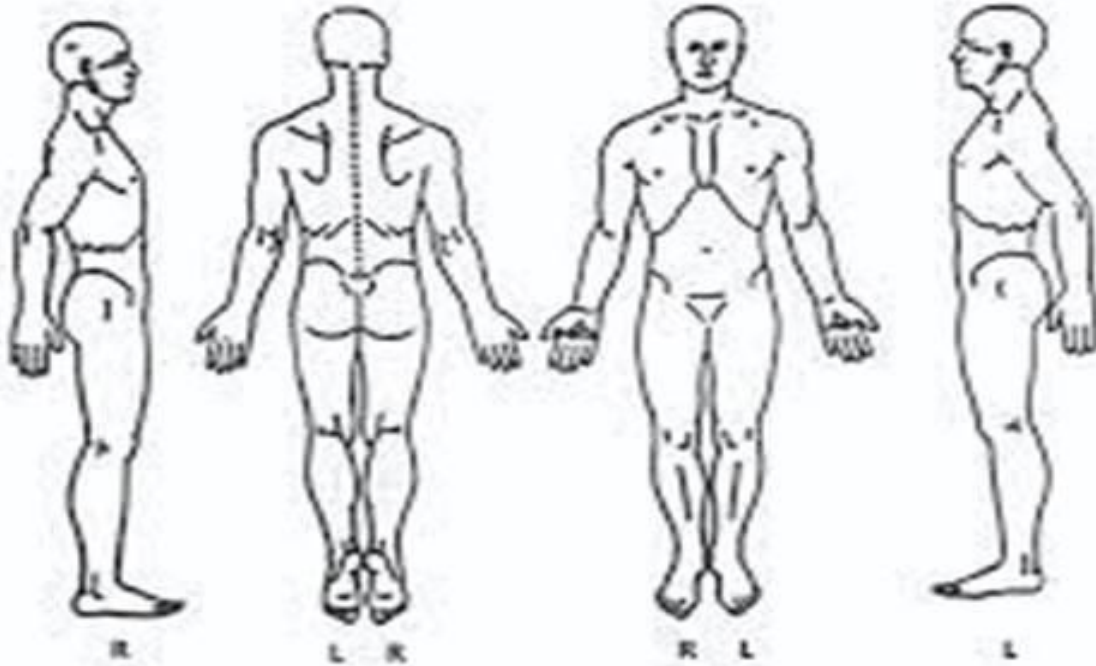


**Please check all that apply:**

- 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/swelling \_\_\_\_\_
- Elbow pain, tennis or golf
- Fatigue, chronic
- Fibromyalgia or polymyalgia
- Fibroids -- (location): \_\_\_\_\_
- Fracture(s) \_\_\_\_\_
- Fallen on tailbone / coccyx
- Gall bladder problem
- Heating pad / ice pack usage
- Heating / cooling salve usage
- Hammer toes
- Hamstring pain or tightness
- Headaches
- Heart problems

- 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
- Menopause: pre /in /post
- Migraines
- Neck Pain
- Numbness (where): \_\_\_\_\_
- Orthodontia, extensive
- Orthotics in shoes???
- Osteoporosis
- Pain: (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 problems
- Tail-bone injury
- Tinnitus
- Uterine or ovary problem
- Urination problem
- Vehicular accidents
- Wrist or thumb pain
- Bladder/urine flow

**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. Or color/shade your painful or problem areas...



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

**Current medications, herbals:** (State it's purpose, such as cholesterol, high blood pressure, osteoporosis). This helps us help you better or may, in rare cases, indicate potential medical referral. **Beware that Opioids (narcotics) and anti-depressants can inhibit/slow down the speed of success of Bowenwork.** IF possible, take minimal doses before a session with us.

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Name any hands-on modalities/therapies/treatments you have had and how recently. This includes but is not limited to Chiropractic, Massage, Acupuncture, Physical Therapy, etc.

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\*\* I have stated, to the best of my knowledge, my known medical conditions. I understand that Bowenwork is given to me 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 if I have any concerns. \*\*

**Your Name:**

\*\*Print/Signature \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \* done \* \* \* \* \*

**To be completed by practitioner:**

**Range of Motion:**

Neck turn (R) \_\_\_\_ (L) \_\_\_\_      Arm out (R) \_\_\_\_ (L) \_\_\_\_

Arm forward (R) \_\_\_\_ (L) \_\_\_\_      Height \_\_\_\_

Scapula 'Stop' (R) \_\_\_\_ (L) \_\_\_\_      Psoas knee position (R) \_\_\_\_ (L) \_\_\_\_

Leg extension (R) \_\_\_\_ (L) \_\_\_\_      Leg abduction (R) \_\_\_\_ (L) \_\_\_\_

Faber ROM (R) \_\_\_\_ (L) \_\_\_\_      Faber Pain: Groin \_\_\_\_\_ Buttock \_\_\_\_\_

Balance \_\_\_\_\_      Balance- eyes closed \_\_\_\_\_

Balance on Right leg \_\_\_\_\_ balance on left leg \_\_\_\_\_