



BOWENWORKS MAGIC- PHOENIX



OFFICE POLICY

Philosophy: Provide a safe, gentle, effective, holistic, manual therapy for the assistive treatment of medical problems, to enhance health and to promote a natural healthy aging process.

Side Effects: There are no reported side effects or negative outcomes of Bowen Therapy. Sometimes a patient can go through “healing pain” which can, on occasion, be intense and may last several days.

IF you are **PREGNANT** OR might be pregnant, or if you have **BREAST** or **PEC IMPLANTS**, **PLEASE** tell us. There are some Bowen moves that should not or be cautiously performed.

Sessions are usually from 20 to 60 minutes long. Follow-up Bowen sessions are scheduled one week apart for the best results. The total number of visits depends on the situation being addressed. Clients remain fully clothed during the visit. We request that shorts be worn, or pants may be opened so that we may have at least one hand on your skin, to assist in the quality of the Bowen moves. IF YOU find this problematic, PLEASE let us know.

Financial: Payment is expected at the time of the visit. WE DO NOT ACCEPT INSURANCE. If you need bills to send to your insurance for reimbursement of services or receipts for yourself, please let us know.

We do not give legal/formal medical advice or dispense medications. We may offer ideas regarding Bowen home exercises, soaks etc. You may be encouraged to see a clinic or your Primary Care Physician for some matters.

Please give 24 hours’ notice for appointment cancellations. Respect that others need Bowen too. Clients may be charged for cancelled sessions if within 24 hours notice, if no 'waiting list' client can take the slot.

Pets: 1. We have two small, clean, friendly pets on the premises. They are usually elsewhere during sessions. If you have allergies or are averse/adverse to pets, we will note it and confine our pets elsewhere. 2. Those persons with animal sensitivities will be booked around any scheduled 'pet' sessions.

Scents: We ask that clients be generally 'clean' and refrain from wearing perfume or essential oils when here for Bowen sessions. Others may be sensitive to smells and could have reactions.

Wellness Bowen: Children twelve years old or less may receive a Wellness Bowen session 4x yearly when accompanied by a Client. There is no charge for Child Wellness Bowen. Wellness Bowen consists of either specific 'Baby Bowen' moves or if recipient is old enough (as determined by the practitioner (approximately > age 3-5) Basic Relaxation Moves (BRM's) 1-3.

Bowen practitioners may ask client to mask if coughing. Hand sanitizer is in the waiting area for your use. We have the right to refuse any potential client or refuse to treat difficult emotional clients. We retain the right to not reimburse for prepaid sessions if clients become unruly.



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Consent for treatment

1. CONSENT FOR BOWEN THERAPY 'TREATMENT' SESSION

I have read and understand the Office Policy and agree to be treated **or have my child treated.

>**Name/Signature _____ / _____ Date _____

2. CONSENT FOR PHOTOGRAPHY/VIDEO EVIDENTIALS

>**I consent (YES) (NO) to having a facial picture for my/my child's office file.

>**I consent (YES) (NO) to having a pre and post picture or video taken to document significant changes in my/my child's body mechanics or positioning.

>**Signature _____ Date _____

3. ACKNOWLEDEMENT OF LEGAL RESPONSIBILITY OF/TO THE **MINOR BEING SEEN**

If a Minor/child is being treated, are You the parent or designated /authorized caregiver? (YES) (NO)

**What is your legal relationship to the minor? _____

** Name/Signature _____ / _____ Date: _____

4. CONSENT FOR **PET HEALTH** SESSION

Practitioners at Bowen Works Magic- Phoenix are NOT certified in **Small or Large Animal Bowenwork** at this time. Any session work done on your pet is being done by an Advanced Practice (SP-2 Level) Bowen Practitioner who has not yet taken these classes and is not certified as an Animal Bowen Therapist. This will change when classes are available. **Any sessions done are to be considered student practice sessions.**

I have read and understand the above (4.) and agree to have my pet 'treated' by an Animal Bowen- Student Practitioner.

**Name/Breed of Pet: _____ / _____

**Name/Signature _____ / _____ Date _____