Bowenwork® Intake Form

NOTE: All information will be kept confidential.

Name _____ **Date of Birth** _____ **Sex** _____

Address _____ **City** _____ **Zip Code** _____

E-mail _____ **Phone** _____ **Emergency** _____

Occupation_____**Hobby**_____

How did you hear about Bowen Therapy?

Please check all that apply

___ Abdominal Problems	___ Allergies	___ Arthritis	___ Asthma
___ Ankle Problems	___ Back Pain	___ Bed Wetting	___ Bone Spurs
___ Breast Lumps	___ Breast Pain	___ Breast Implants	___ Bronchitis
___ Bunions	___ Bursitis	___ Butt Pain	___ Carpal Tunnel Syndrome
___ Chest Pain	___ Colic	___ Constipation	___ Diaphragm Pain/Tightnes
___ Digestive Problems	___ Dizziness	___ Ear Problems	___ Edema
___ Fatigue (Chronic)	___ Fibromyalgia	___ Fibroids	___ Fracture (Old/ New)
___ Falls on Tailbone/coccyx	___ Gallbladder Problems	___	___
___ Hamstring Problems	___ Hay Fever	___ Headaches	___ Heart Problems
___ Hernia	___ Hip Pain	___ Hip Replacement	___ Incontinence
___ Infertility	___ Jaw & TMJ Problems	___ Joint Replacement	___ Liver Problems
___ Lung Problems	___ Migraines	___ Knee Problems	___ Numbness
___ Orthodontia	___ Orthotics	___ Osteoporosis	___ Pain (Mark on back)
___ Pelvic Problems	___ Plantar Fasciitis	___ Pregnant	___ Prostate Problems
___ Rib Problems	___ Sacral Problems	___ Sciatica	___ Scoliosis
___ Shin Splints	___ Shoulder Problems	___ Sinus Problems	__ Tennis Elbow
___ Tinnitus	___	___	___

Describe your condition(s), including length of time experienced. Please list all accidents, injuries, surgeries and falls that might be relevant in any way; include dates of occurrence.

Continue on the next page:

_____

_____

_____

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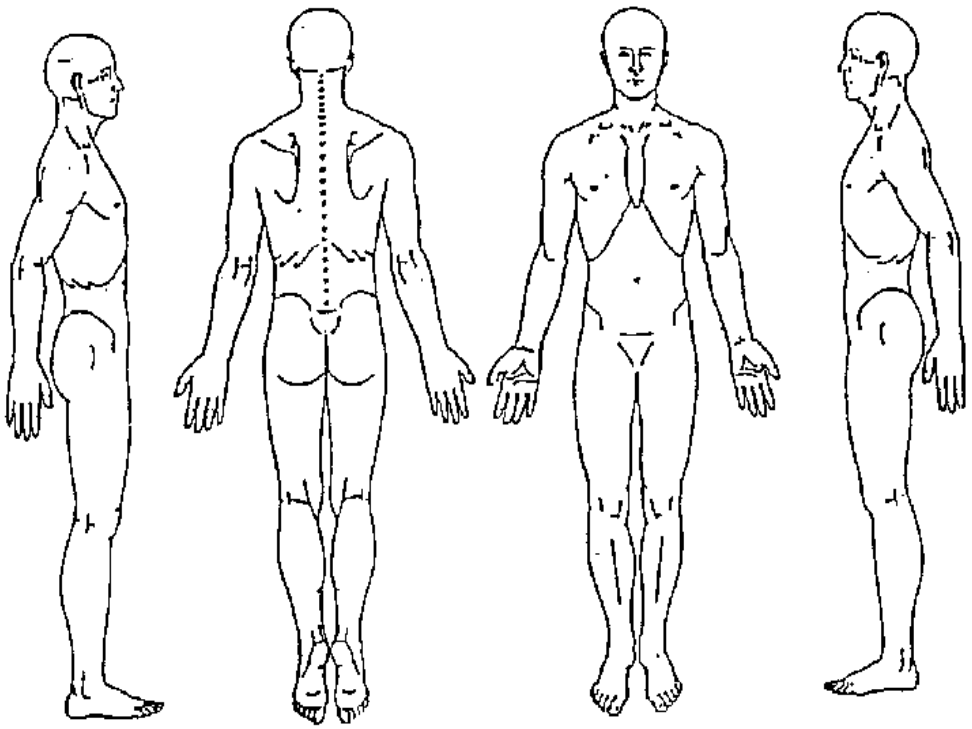
MARK LOCATION ON THE DRAWING and SEVERITY OF EACH PAIN (USE 0-10, 10 BEING EXCRUTIATING)

THERAPIST USE ONLY:



Neck ROM:
L
R

TMJ:

Shoulder ROM:
L
R

HIP
L
R
LEG LENG

HM
L
R

COCCYX

List current medications (it is sufficient to state a purpose, such as cholesterol, high blood pressure, osteoporosis):

_____

List recent hands-on therapies received: _____

I have read the above information and have stated all my known medical conditions. I understand that the therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, for facilitation circulation, energy flow or relief from stiff joints. I understand that I will be touched during a Bowenwork session. I understand that the therapist does not diagnose illness, disease, or any other physical or mental disorder. I take it upon myself to update my therapist regarding any changes in my condition.

Signature _____ Date _____