Bowenwork® Intake Form

Date: _____

Name _____ DOB_____ M / F_____

Address _____

E-Mail (Bowenwork Use Only) _____

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

Occupation _____ Sports, hobbies _____

Emergency Contact_____ Referred by _____

Please check any problems that you have now or have had in the past. Please write F on the line if there is a significant family history (parents, siblings, grandparents, aunts and uncles, children):

- ☐ 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
- ☐ 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
- ☐ Incontinence / bladder (adult)
- ☐ Infertility
- ☐ Jaw / TMJ problem
- ☐ Joint replacement
- ☐ Knee problem
- ☐ Liver problem
- ☐ Lung problem
- ☐ Magnet usage
- ☐ Migraines
- ☐ Numbness -- (location): _____
- ☐ Orthodontia, extensive
- ☐ Orthotics in shoes
- ☐ Osteoporosis
- ☐ Pain, other -- (location): _____
- ☐ Pelvic Pain
- ☐ Plantar fasciitis or neuroma
- ☐ PMS or menopause
- ☐ Pregnancy
- ☐ Prostate problem
- ☐ Rib pain / subluxation
- ☐ Sacral pain
- ☐ Sciatica
- ☐ Scoliosis
- ☐ Shin splints
- ☐ Shoulder problem
- ☐ Sinus problem
- ☐ Sleep / energy problem
- ☐ Tinnitus
- ☐ Uterine or ovary problem
- ☐ Wrist or thumb pain
- ☐ Other

What are your current health issues? _____

How long have you had these conditions? _____

What are your other top health concerns?_____

What medications are you currently taking? _____

1. _____ this medication is for: _____
2. _____ this medication is for: _____
3. _____ this medication is for: _____

List major illnesses, accidents, injuries, falls and their dates of occurrence:

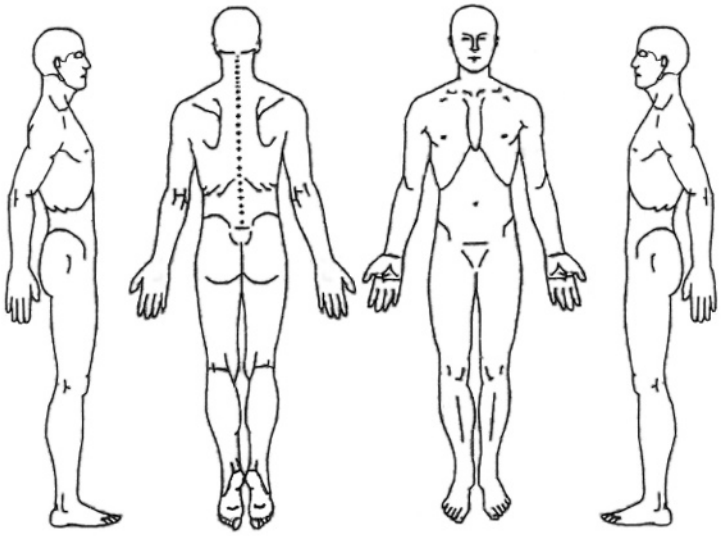
1. _____
2. _____
3. _____

List past surgeries and their dates of occurrence:_____

List activities compromised by condition(s): _____

_____

Shade in the site(s) of pain on the anatomical drawing, and rate the severity of each pain on a scale of 1-10:



R **L R** **R L** **L**

Neck ROM:
L
R
TMJ
Shoulder ROM:
L
R

Pain intensity scale –

(2) Mild pain (annoying, nagging)

(4) Discomforting (troublesome, numbing)

(6) Distressing (miserable, agonizing, gnawing)

(8) Intense (cramping, dreadful, horrible)

(10) Excruciating (tearing, crushing, unbearable)

Recent medical visits & treatments for:_____

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.

Signature _____ **Date** _____