Bowenwork® Intake Form

Name_____ DOB_____ M/F_____

Address _____

E-mail (Bowenwork use only) _____

Phones (H) _____ (W)_____ (C)_____

Occupation _____ Sports/Hobbies_____

Emergency contact name and number_____

Referred by_____ May I thank them? Y / N Are you allergic to latex? Y / N

Please check all that apply:

__Anxiety/Depression
__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
__Thyroid condition
__Uterine or ovary problems
__Wrist or thumb pain
__Other:_____
_____

Current medications (it is sufficient to state purpose, such as cholesterol, blood pressure, etc.):

_____

_____

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. _____

_____

_____

_____

_____

_____

_____

_____

List activities compromised by condition(s): _____

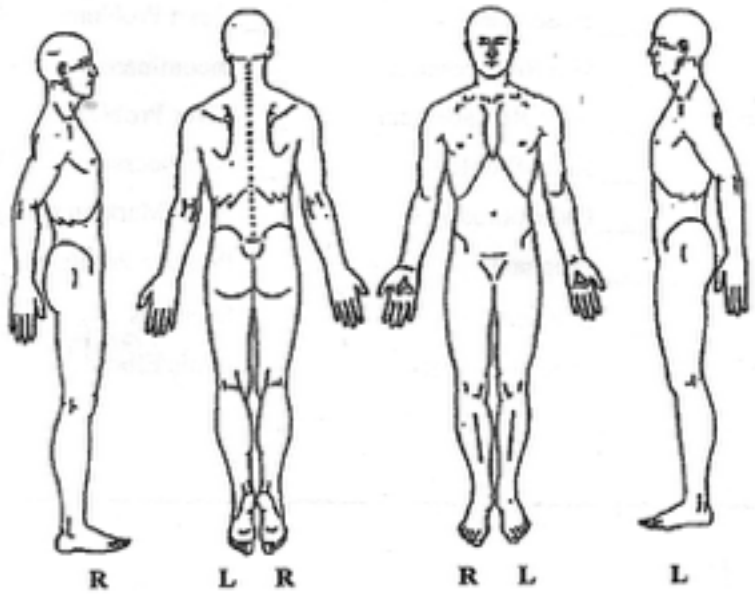
_____

Recent hands-on modalities received (massage, chiropractic, etc.): _____

_____

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

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)



For Practitioner Use

Neck ROM:
L
R
TMJ:
Shoulder ROM:
L
R

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 understand that the services provided are not a substitute for medical care, and any information provided by the practitioner is for educational purposes only and not intended to be diagnostic or prescriptive. I will inform my practitioner of any changes in my condition and will contact my practitioner should I have any questions or concerns. By signing this release, I hereby waive and release the practitioner (Heather Boyle and The Body's Way Wellness Center, LLC) from any and all liability past, present, and future relating to Bowenwork®.

Print Name_____

Signature_____ **Date**_____