Bowenwork® Intake Form

NOTE: All information will be kept confidential.

Name _____ **Date of Birth** _____ **Sex** __**M** **F**___

Address _____**City** _____**Postal Code** _____

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

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	___ Gluteal Pain	___ Carpal Tunnel Syndrome
___ Chest Pain	___ Colic	___ Constipation	___ Diaphragm Pain/Tightness
___ Digestive Problems	___ Dizziness	___ Ear Problems	___ Edema
___ Fatigue (Chronic)	___ Fibromyalgia	___ Fibroids	___ Fracture (Old/ New)
___ Falls on Tailbone/coccyx	___ Gallbladder Problems	___ Gastro Intestinal Issues	___ Hematomas
___ 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	___	___	___

Presenting Condition(s):

_____

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_____

Please list all accidents, injuries, surgeries and falls that you can remember.

_____

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_____

LOCATION OF PAIN:
INDICATE WITH X ON ANATOMICAL DRAWING AT THE SITE OF PAIN
AND RATE THE SEVERITY OF PAIN – ON A SCALE OF 1 – 10. (CAN BE STATED A RANGE)

Therapist Use:

Neck ROM:
L

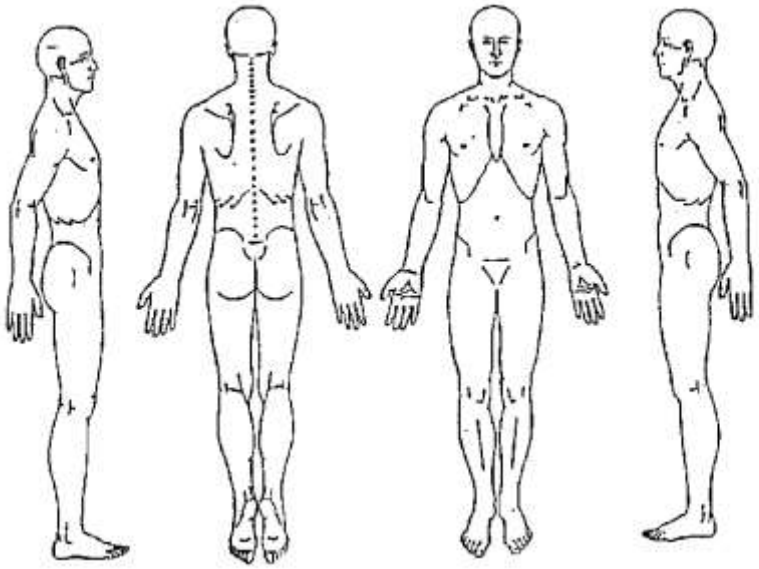
R

TMJ:

Shoulder ROM:

L

R



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

Pain Intensity Scale - Pain is described as:

(2) Mild Pain (annoying, nagging)

(4) Discomforting (troublesome, numbing)

(6) Distressing (miserable, agonizing, gnawing)

(8) Intense (cramping, dreadful, horrible)

(10) Excruciating (tearing, crushing, unbearable)

List current medications _____

List current therapies _____

How did you hear about the Bowenwork ____ _____

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 Melissa House 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 _____

Therapist Signature_____ Date _____