Bowenwork® Intake Form

Name _____ **DOB**_____ **M / F** _____

Address _____

E-mail (Bowenwork use only)_____

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

Occupation_____ **Sports, hobbies**_____

Emergency contact _____**Referred by**_____

Please check all that apply:

- ☐ 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
- ☐ Diaphragmpain or tightness
- ☐ Diarrhea
- ☐ Dizziness
- ☐ Ear or eye problem
- ☐ Edema, general
- ☐ Elbowpain, 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:

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 next page:

_____

_____

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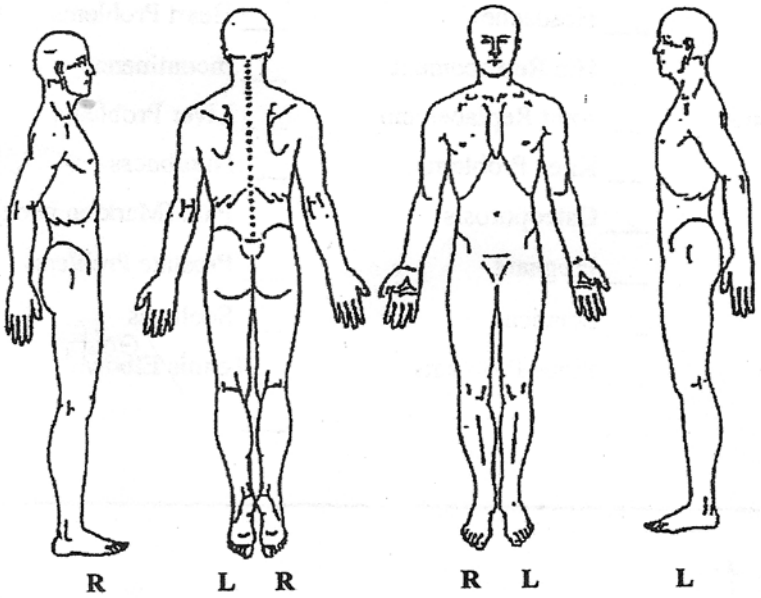
_____

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:



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)

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

_____

Recent hands-on modalities received: _____

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 will inform my practitioner of any changes in my condition, and will contact my practitioner should I have any concerns.

Signature_____Date_____