



Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

Cancellation

24-hour advance notice is required when canceling an appointment, except in cases of illness, emergency, or inclement weather, or you will be charged 50 percent of the fee.

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “no show.” They will be charged the full amount for their “missed appointment, and future service will be denied until payment is made.

If you have a gift certificate and are a “no-show”, your certificate becomes void and unusable.

We often have a waiting list, and advanced cancellation notice allows us to schedule these clients.

Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time for your appointment.

Sickness

Bowenwork/massage is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition.

Client Signature: _____

Date: _____

Parent or Guardian Signature (in case of a minor): _____

Date: _____

Bowenwork® Intake Form

Name _____ DOB _____ M / F _____

Address _____

E-mail (Bowenwork use only) _____

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

Occupation _____ Sports, hobbies _____

Emergency contact & number _____ Referred by _____

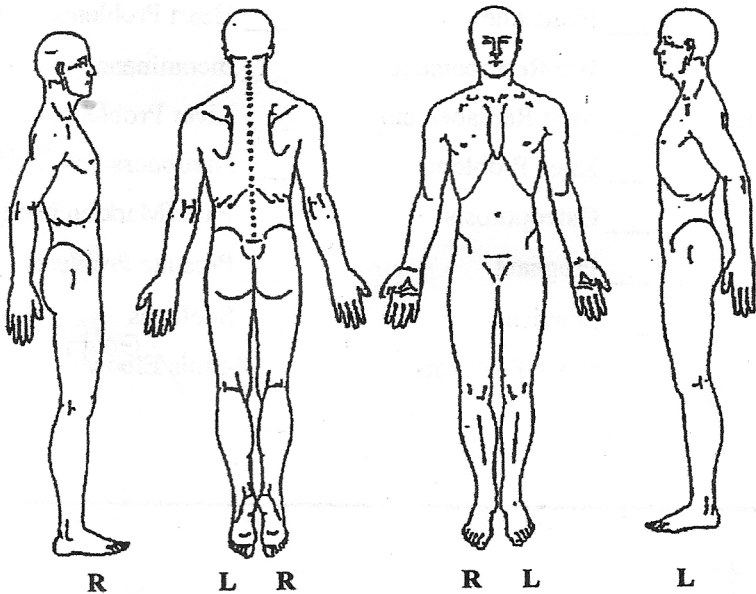
Please check all that apply:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Abdominal / digestive problem | <input type="checkbox"/> Carpal tunnel syndrome | <input type="checkbox"/> Hammer toes | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Allergies / hay fever | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Hamstring pain or tightness | <input type="checkbox"/> Pain, other -- (location):
_____ |
| <input type="checkbox"/> Arthritis – (location):
_____ | <input type="checkbox"/> Colic (baby) | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pelvic pain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Constipation | <input type="checkbox"/> Heart problem | <input type="checkbox"/> Plantar fasciitis or neuroma |
| <input type="checkbox"/> Ankle problem | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> PMS or menopause |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diaphragm pain or tightness | <input type="checkbox"/> Hip pain | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Back pain -- (location):
_____ | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hip replacement | <input type="checkbox"/> Prostate problem |
| <input type="checkbox"/> Bed wetting (children) | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Incontinence / bladder (adult) | <input type="checkbox"/> Rib pain / subluxation |
| <input type="checkbox"/> Bone spurs | <input type="checkbox"/> Ear or eye problem | <input type="checkbox"/> Infertility | <input type="checkbox"/> Sacral pain |
| <input type="checkbox"/> Breast lump | <input type="checkbox"/> Edema, general | <input type="checkbox"/> Jaw / TMJ problem | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Breast pain | <input type="checkbox"/> Elbow pain, tennis or golf | <input type="checkbox"/> Joint replacement | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Breast implants | <input type="checkbox"/> Fatigue, chronic | <input type="checkbox"/> Knee problem | <input type="checkbox"/> Shin splints |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fibromyalgia or polymyalgia | <input type="checkbox"/> Liver problem | <input type="checkbox"/> Shoulder problem |
| <input type="checkbox"/> Bunion | <input type="checkbox"/> Fibroids - (location):
_____ | <input type="checkbox"/> Lung problem | <input type="checkbox"/> Sinus problem |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Fracture | <input type="checkbox"/> Magnet usage | <input type="checkbox"/> Sleep / energy problem |
| <input type="checkbox"/> Buttock pain | <input type="checkbox"/> Gall bladder problem | <input type="checkbox"/> Migraines | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fallen on tailbone / coccyx | <input type="checkbox"/> Numbness --(location):
_____ | <input type="checkbox"/> Uterine or ovary problem |
| | <input type="checkbox"/> Heating pad / ice pack usage | <input type="checkbox"/> Orthodontia, extensive | <input type="checkbox"/> Wrist or thumb pain |
| | <input type="checkbox"/> Heating / cooling salve usage | <input type="checkbox"/> Orthotics in shoes | <input type="checkbox"/> 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:

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.

If necessary to cancel a future appointment, I agree to give 24 hours' notice or I will be billed and responsible for 50% of the session charge. Cases of extreme emergency are considered exceptions to this policy.

Signature/Parent if minor _____ **Date** _____