



The Bowen Method

release.reset.recover.

Name _____ DOB _____ M / F _____

Address _____

E-mail (Bowenwork use only) _____

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

Occupation _____ Sports, hobbies _____

Emergency contact _____ Referred by _____

Please mark all that apply to you. Use an H for history of, and a P for present or ongoing issue.

Abdominal / digestive problem

Arthritis – (location):

Asthma

Ankle problem

Anxiety

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

Depression

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

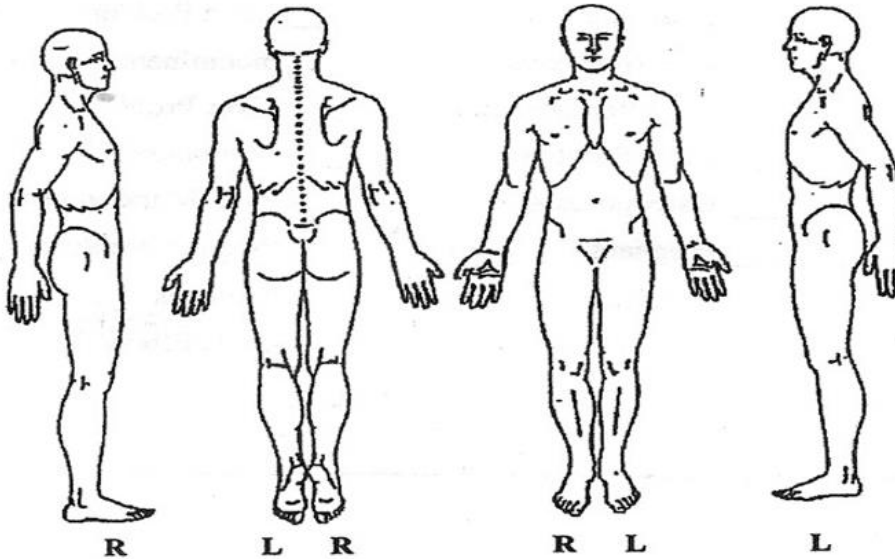
Uterine or ovary problem

Wrist or thumb pain _____

Emotional trauma

Other issues wanting to be addressed:

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)

Please give a description of how the pain feels (example, achy, stabbing, burning, radiating ect.)

Note if any of the pains are linked to each other (example, left knee pain hurts alongside left calf pain, or lower right back pain coincides with left neck pain).



Most importantly! What are the activities your symptoms stop you from doing/enjoying.

(We will use this as a goal and check point to mark progress in future sessions. We will also use this as a motivator to keep you playing an active part in your role as the client. There will be possible recommendations, skills and exercises given to help your progress. If you have set goals in mind of how you want your quality of life to improve, you will be more likely to listen and engage in ways to help further your progress in your everyday life.)

Describe your condition(s), including length of time experienced. Please list all past significant accidents, injuries, surgeries, and falls that might be relevant in any way; include dates of occurrence.

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** _____