

Bowenwork® Intake Form

Name _____ DOB _____ M / F _____

Address _____

E-mail (Bowenwork use only) _____

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

Occupation _____ Sports, hobbies _____

Emergency contact _____ Referred by _____

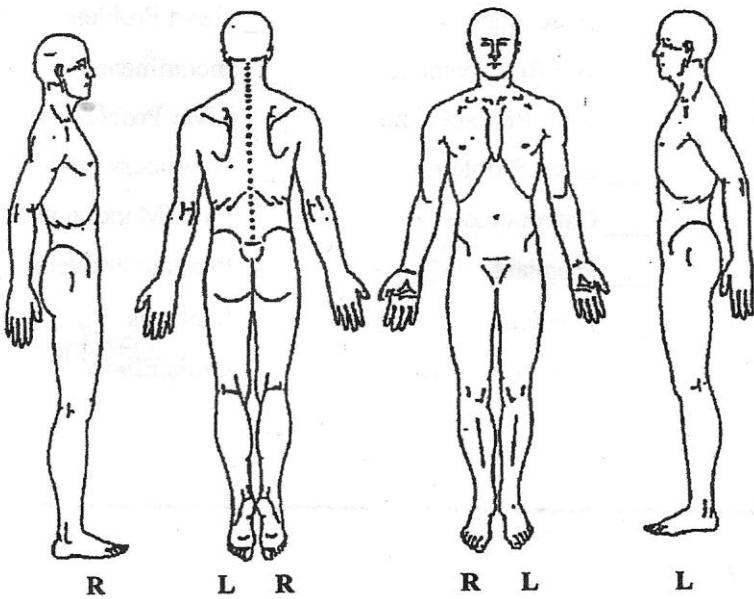
Please check all that apply:

- | | | |
|---|--|---|
| ☐ Chest pain | ☐ Hamstring pain or tightness | ☐ Pain, other -- (location): _____ |
| ☐ Abdominal / digestive problem | ☐ Colic (baby) | ☐ Headaches |
| ☐ Allergies / hay fever | ☐ Constipation | ☐ Heart problem |
| ☐ Arthritis -- (location): _____ | ☐ Diabetes | ☐ Hernia |
| ☐ Asthma | ☐ Diaphragm pain or tightness | ☐ Hip pain |
| ☐ Ankle problem | ☐ Diarrhea | ☐ Hip replacement |
| ☐ Back pain -- (location): _____ | ☐ Dizziness | ☐ Incontinence / bladder (adult) |
| ☐ Bed wetting (children) | ☐ Ear or eye problem | ☐ Infertility |
| ☐ Bone spurs | ☐ Edema, general | ☐ Jaw / TMJ problem |
| ☐ Breast lump | ☐ Elbow pain, tennis or golf | ☐ Joint replacement |
| ☐ Breast pain | ☐ Fatigue, chronic | ☐ Knee problem |
| ☐ Breast implants | ☐ Fibromyalgia or polymyalgia | ☐ Liver problem |
| ☐ Bronchitis | ☐ Fibroids - (location): _____ | ☐ Lung problem |
| ☐ Bunion | ☐ Fracture | ☐ Magnet usage |
| ☐ Bursitis | ☐ Gall bladder problem | ☐ Migraines |
| ☐ Buttock pain | ☐ Heating pad / ice pack usage | ☐ Numbness --(location): _____ |
| ☐ Cancer | ☐ Heating / cooling salve usage | ☐ Orthodontia, extensive |
| ☐ Carpal tunnel syndrome | ☐ Hammer toes | ☐ Orthotics in shoes |
| | | ☐ Osteoporosis |
| | | ☐ 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:

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** _____