Bowen Therapy Intake Form

Name _____ **DOB**_____

Address _____**City/State/Zip**_____

E-mail _____

Phone _____

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
__Diaphragm pain or tightness
__Diarrhea
__Dizziness
__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
__ 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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

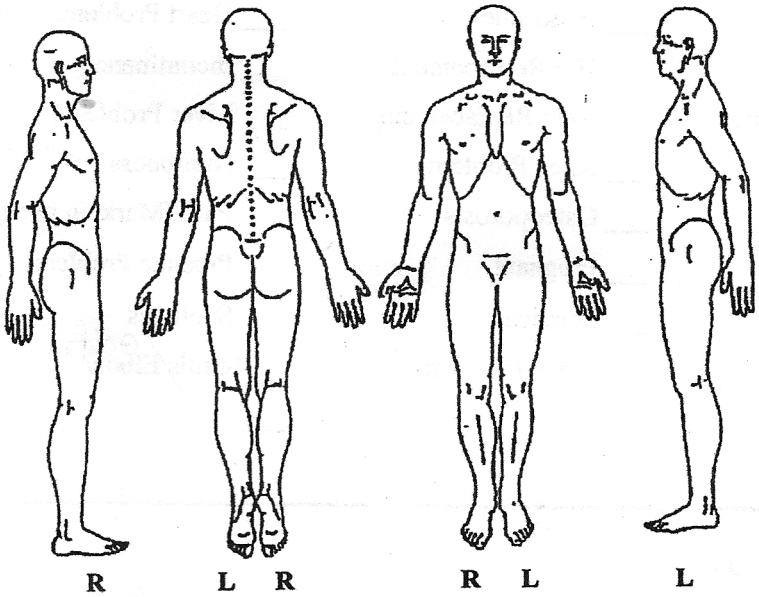
_____

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 Bowen Therapy 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 therapist does not diagnose illness or disease, nor treat specific physical or mental disorders. I will inform my therapist of any changes in my condition, and will contact my therapist should I have any concerns. I am responsible for paying for any appointment cancellation of less than 24 hours.

Signature_____**Date**_____

Zen From Within
Policies and Procedures

Appointments: At our clinic all sessions are by appointment only. To ensure appointment availability, a regular series of appointments is recommended.

Cancellation Policy: Our time together is very important. Please help us to provide better service for you and to be able to manage our waiting list by honoring our cancellation policy. **Please call or email to cancel appointments at least 24 hours prior to your scheduled appointment time. All appointments missed or not cancelled within this time frame will be charged in full, as that time has been set-aside specifically for you.**

If you currently have a package, you will forfeit one of the sessions on that package. Gift certificates will be forfeited for no shows and cancellations with less than 24 hours notice.

Payments and Gratuities: Payment is due at the end of all sessions. Zen From Within accepts cash, checks, credit cards, FSA and HSA cards. A $25 fee will apply to any returned checks. Gratuities are welcome.

Package and Gift Certificate Policies: All packages expire within 12 months of purchase date and can be shared with family and friends. Gift Certificates expire as stated on the certificate or within 12 months of purchase. No refunds are given for packages or gift certificates.

Confidentiality: We are HIPAA compliant and all client information will be held in the strictest confidence.

My signature indicates that I have read and agree with the Policies and Procedures of Zen From Within, LLC.

Signature _____ **Date** _____