BowenWork Marin
personalized health and wellness

Intake Form

NOTE: All information will be kept confidential.

Name _____ Date of Birth _____ Sex M / F

Address _____ City _____ Zip Code _____

E-mail (Bowenwork® Use Only) _____ Occupation _____

Phone (H) _____ (W) _____ (C) _____

Sports & Hobbies _____

Emergency Contact _____ Phone _____ Referred by _____

Dominant Hand L / R

Date: _____

Please check all that apply:

___ Abdominal / digestive problems
___ Acid reflux
___ ADD
___ Allergies / hay fever
___ Ankle problems
___ Anxiety
___ Arthritis
___ Asthma
___ Back pain
___ Bed wetting
___ Bone spurs
___ Breast lump
___ Breast pain
___ Breast / Pectoral implants
___ Bronchitis
___ Bunion
___ Buttock pain
___ Cancer
___ Carpal tunnel syndrome
___ Chest pain
___ Chronic fatigue syndrome
___ Colic (baby)
___ Constipation
___ Depression
___ Diabetes
___ Diaphragm pain or tightness
___ Diarrhea
___ Dizziness
___ Ear or eye problems
___ Eczema
___ Edema, general
___ Elbow pain, tennis or golf
___ Fibromyalgia or Polymyalgia
___ Fibroids
___ Fracture
___ Gallbladder problems
___ Hammer Toes
___ Hamstring pain or tightness
___ Headaches
___ Heart problems
___ Heating pad / ice pack usage
___ Heating / cooling salve usage
___ Hernia
___ Hip pain
___ Hip replacement
___ HIV/AIDS
___ Hyperactivity
___ Incontinence / bladder
___ Infertility
___ Insomnia
___ Jaw surgery
___ Jaw / TMJ problem
___ Joint replacement
___ Knee problems
___ Liver problems
___ Lung problem
___ Magnet usage
___ Migraines
___ Multiple Sclerosis
___ Nausea
___ Neck pain
___ Numbness
___ Orthodontia
___ Orthotics in shoes
___ Osteoporosis
___ Pain (mark on next page)
___ Pelvic pain
___ Plantar Fasciitis or Neuroma
___ PMS or Menopause
___ Pregnancy
___ Prostate problem
___ Rib pain / subluxation
___ Sacral pain
___ Sciatica
___ Scoliosis
___ Shin splints
___ Shoulder problems
___ Sinus problems
___ Skin infection
___ Sleep / energy problems
___ Stress
___ Tailbone / Coccyx injury
___ Tinnitus
___ Uterine / Ovary problem
___ Wrist or Thumb pain
___ Other (please explain)
_____
_____

Have you received Bowenwork, EMMETT Therapy, MSTR before? Y / N _____

How did you hear about the Bowenwork? _____

What are your current health issues? _____

_____

How long have you had these conditions? _____

What are your other top health concerns? _____

_____

What medications are you currently taking and why? _____

_____

_____

Previous and recent hands-on modalities received: _____

_____

What are your goals for today's visit? _____

Please list all accidents, injuries, surgeries and falls that you can remember with dates of occurrence:

_____

_____

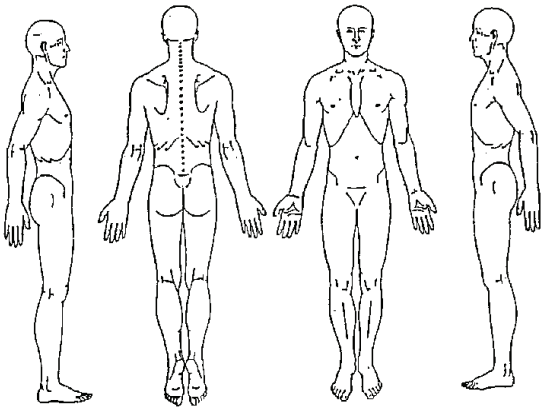
List activities compromised by condition (s): _____

_____

Location of pain: indicate with X on the anatomical drawing at the site of pain and rate the severity of pain on a scale of 1 – 10. (can be stated a range)

Pain Intensity Scale - Pain is described as:

(2) Mild Pain (annoying, nagging)
(4) Discomforting (troublesome, numbing)
(6) Distressing (miserable, agonizing, gnawing)
(8) Intense (cramping, dreadful, horrible)
(10) Excruciating (tearing, crushing, unbearable)



Indicate with a line area of scars

List current therapies _____

_____

I have read the above information and have stated all my known medical conditions. I understand that the therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, for facilitation circulation, energy flow or relief from stiff joints. I understand that I will be touched during a Bowenwork Marin session. I understand that the therapist does not diagnose illness, disease, or any other physical or mental disorder. I take it upon myself to update my therapist regarding any changes in my condition. Everybody responds differently to Bowenwork, EMMETT, etc. They respond in their own time and according to their own body's ability to heal.

Signature _____ Date _____