

A Bowen Clinic ... and other journeys

Client Intake Form

The information on this sheet is for the use of the Practitioner only, and will remain Private and Confidential.

First Name **Last Name**

Date of Birth **Occupation** **Introduced by**

Address **Postcode**

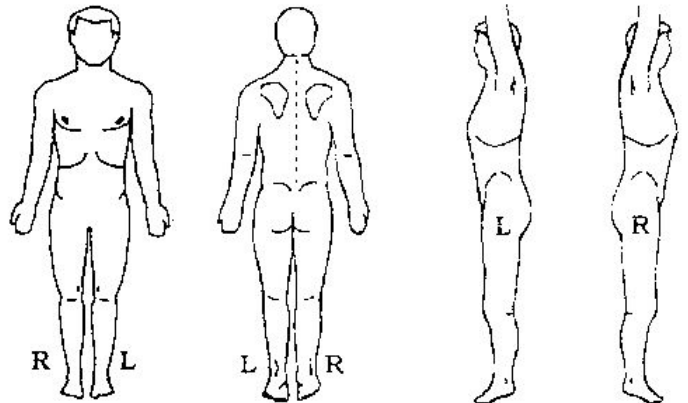
Phone No. (h) **(w)** **(m)**

Email

Please mark the appropriate answer:

- Are you pregnant or trying to conceive? Y N
- Have you had extensive dental work? Y N
- Do you have heart complaints? Y N
- Do you suffer from high blood pressure? Y N
- Do you suffer from low blood pressure? Y N
- Do you suffer from asthma? Y N
- Do you suffer from diabetes? Y N
- Do you suffer from epilepsy? Y N
- Do you suffer from anxiety? Y N
- Do you suffer from depression? Y N
- Do you suffer from headache/migraine? Y N
- Do you have breast implants? Y N
- Any other implants? Y N

Please colour in the area of your pain or discomfort



Please rate your pain between 0-10 (0=no pain, 10 = extreme pain)
If appropriate give it a pain range.

Details

Present Pain or Discomfort

Location or Problem	How/Why Did It Start?	How Long Ago?	What Makes It Better or Worse?	Pain Rating (out of 10)

Major Surgery, Accidents, Viruses and/or Illness

Weekly Exercise **Hours Sleep per Night**

- I understand that Prue Duffy is not a Medical Practitioner, she does not treat disease, perform any manipulative therapies nor prescribe any form of medication, and only uses Bowen Therapy, Postural Exercises, meditations or energy balancing techniques.
- I acknowledge that I may feel tired, unbalanced and achy for a few days after the treatment while my body adjusts.
- I give Prue permission to treat me using these techniques, and to use my case study anonymously for marketing purposes on her website and social media.
- I agree to provide an honest testimonial when symptoms have stabilised.

Signed **Date**