

CLIENT INFORMATION SHEET

Please answer as many questions as you can. We shall go through the form with you at your first visit.
The information on this sheet is for the use of the Practitioner only, and will remain Private and Confidential.

First Name **Last Name**

Address **Postcode**

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

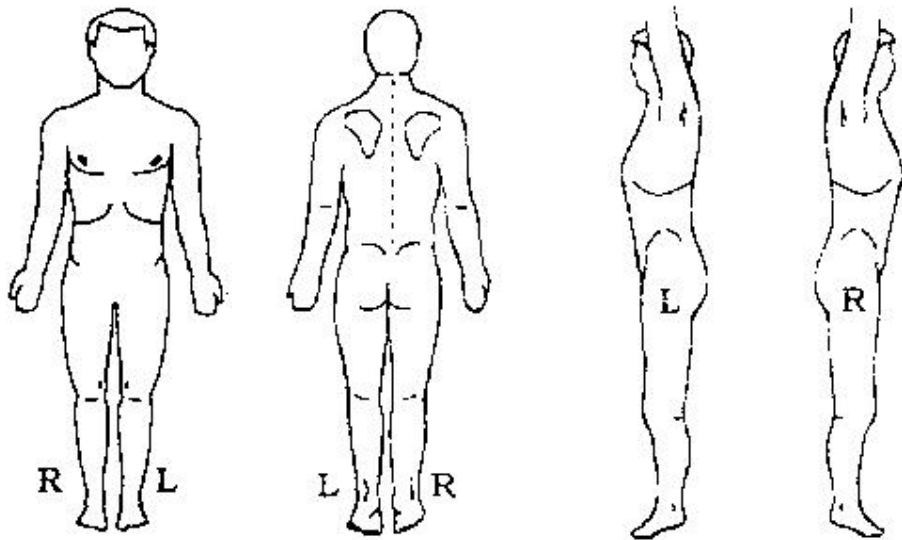
Date of Birth **Occupation** **Introduced by**

Present Pain or Discomfort

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Pain Rating between 0 – 10 (0 = no pain, 10 = extreme pain)

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 or low blood pressure? | Y | N | Details |
| Do you have breast implants? | Y | N | |
| Any other implants? | Y | N | Details |
- Implant Replacement Details

Major Surgery, Accidents and/or Illness in the past 5 years

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Weekly Exercise **Hours Sleep per Night**

I understand that Prue Duffy is not a Medical Practitioner, she does not diagnose or treat disease, perform any manipulative therapies nor prescribe any form of medication, and only uses The Bowen Technique or energy balancing techniques.

Signed **Date**