

BOWEN CLIENT INFORMATION SHEET

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:

Health Fund:

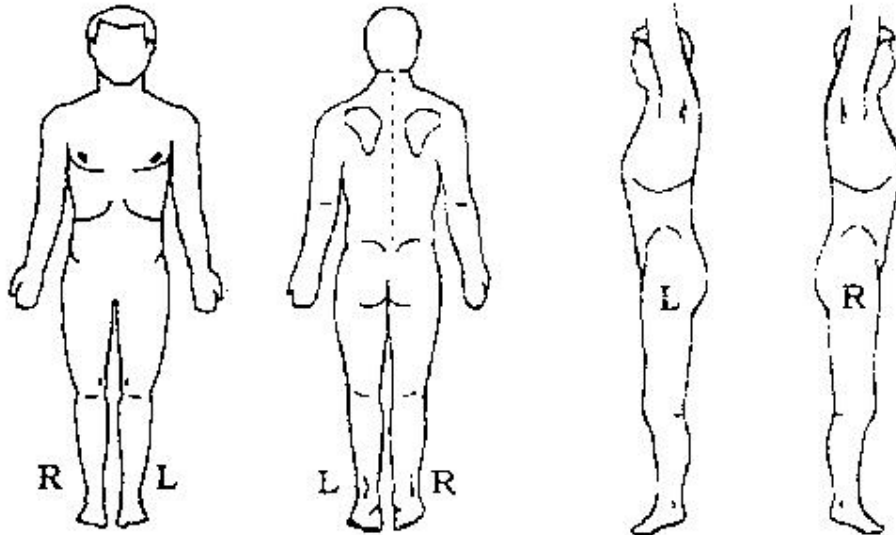
Present Pain or Discomfort

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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 treat disease, perform any manipulative therapies nor prescribe any form of medication, and only uses The Bowen Technique, meditations or energy balancing techniques. I give Prue permission to treat me using these techniques.

Signed **Date**