

A Bowen Clinic ... and other journeys

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)**

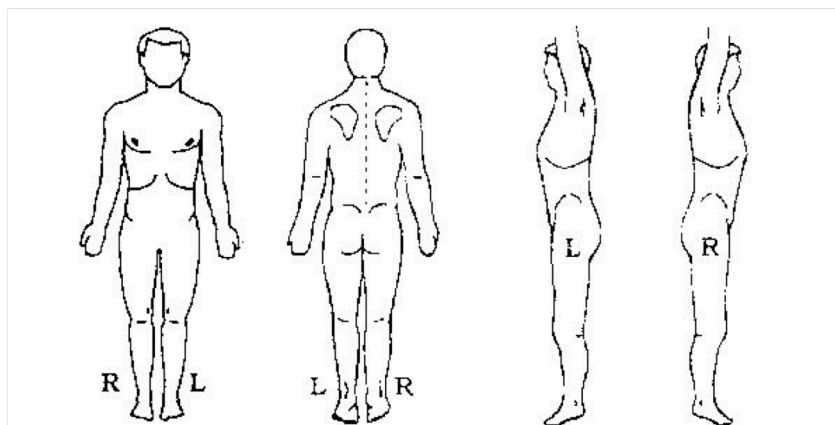
Email

Health Fund

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

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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 Bowen, postural exercises, meditations or energy balancing techniques.
- 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**

[OFFICE USE ONLY]

Scarring -

Illnesses -

Accidents -

Operations -

Work Environment -

Diet -

Water -

Exercise -

Sleep -

Energy -

Blood Pressure -

Bowel Movements -

Kidney/Urinary Tract Infections -

Prostate -

Periods/Menopause -

Headaches -

Medication -

Supplements -

Allergies -

Intolerances -