

Bowenwork® Intake Form

Name _____ DOB _____ M / F _____

Address _____

E-mail (Bowenwork use only) _____

Phones (h) _____ (w) _____ (c) _____

Occupation _____ Sports, hobbies _____

Emergency contact _____ Referred by _____

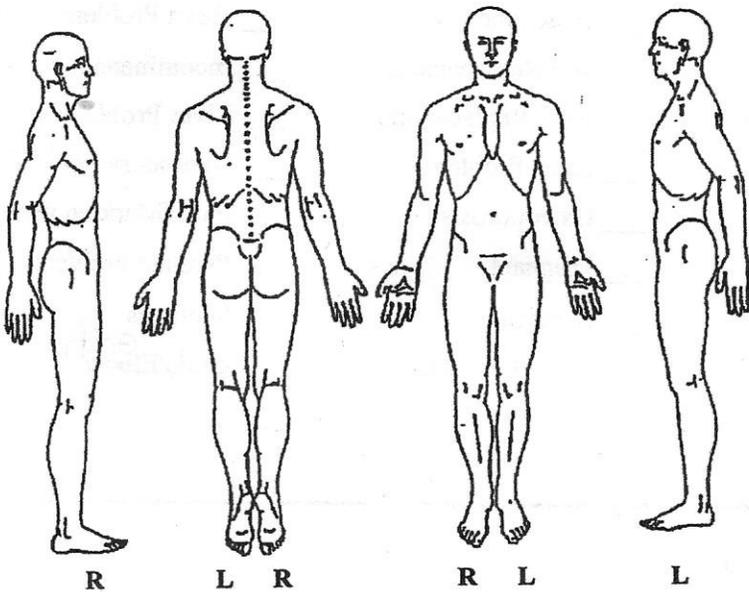
Please check all that apply:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Abdominal / digestive problem | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Hamstring pain or tightness | <input type="checkbox"/> Pain, other -- (location): |
| <input type="checkbox"/> Allergies / hay fever | <input type="checkbox"/> Colic (baby) | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pelvic pain |
| <input type="checkbox"/> Arthritis -- (location): | <input type="checkbox"/> Constipation | <input type="checkbox"/> Heart problem | <input type="checkbox"/> Plantar fasciitis or neuroma |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> PMS or menopause |
| <input type="checkbox"/> Ankle problem | <input type="checkbox"/> Diaphragm pain or tightness | <input type="checkbox"/> Hip pain | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Back pain -- (location): | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hip replacement | <input type="checkbox"/> Prostate problem |
| <input type="checkbox"/> Bed wetting (children) | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Incontinence / bladder (adult) | <input type="checkbox"/> Rib pain / subluxation |
| <input type="checkbox"/> Bone spurs | <input type="checkbox"/> Ear or eye problem | <input type="checkbox"/> Infertility | <input type="checkbox"/> Sacral pain |
| <input type="checkbox"/> Breast lump | <input type="checkbox"/> Edema, general | <input type="checkbox"/> Jaw / TMJ problem | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Breast pain | <input type="checkbox"/> Elbow pain, tennis or golf | <input type="checkbox"/> Joint replacement | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Breast implants | <input type="checkbox"/> Fatigue, chronic | <input type="checkbox"/> Knee problem | <input type="checkbox"/> Shin splints |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fibromyalgia or polymyalgia | <input type="checkbox"/> Liver problem | <input type="checkbox"/> Shoulder problem |
| <input type="checkbox"/> Bunion | <input type="checkbox"/> Fibroids - (location): | <input type="checkbox"/> Lung problem | <input type="checkbox"/> Sinus problem |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Fracture | <input type="checkbox"/> Magnet usage | <input type="checkbox"/> Sleep / energy problem |
| <input type="checkbox"/> Buttock pain | <input type="checkbox"/> Gall bladder problem | <input type="checkbox"/> Migraines | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fallen on tailbone / coccyx | <input type="checkbox"/> Numbness --(location): | <input type="checkbox"/> Uterine or ovary problem |
| <input type="checkbox"/> Carpal tunnel syndrome | <input type="checkbox"/> Heating pad / ice pack usage | <input type="checkbox"/> Orthodontia, extensive | <input type="checkbox"/> Wrist or thumb pain |
| | <input type="checkbox"/> Heating / cooling salve usage | <input type="checkbox"/> Orthotics in shoes | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Hammer toes | <input type="checkbox"/> Osteoporosis | |

Describe your condition(s), including length of time experienced. Please list all accidents, injuries, surgeries and falls that might be relevant in any way; include dates of occurrence. Continue on next page:

List activities compromised by condition(s):

Shade in the site(s) of pain on the anatomical drawing, and rate the severity of each pain on a scale of 1-10:



Neck ROM:
L
R
TMJ:
Shoulder ROM:
L
R

Pain intensity scale –

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

Current medications (it is sufficient to state purpose, such as cholesterol, high blood pressure, osteoporosis):

Recent hands-on modalities received: _____

I have stated, to the best of my knowledge, my known medical conditions. I understand that Bowenwork is given for the purpose of stress reduction, relief from muscular tension and/or spasm, facilitation of circulation and energy flow, and relief from stiffness. I understand that the practitioner does not diagnose illness or disease, nor treat specific physical or mental disorders. I will inform my practitioner of any changes in my condition, and will contact my practitioner should I have any concerns.

Signature _____ Date _____

**DISCLOSURE STATEMENT AS REQUIRED UNDER SB-215 FOR
COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS IN
COLORADO**

**JANELLE MAURIN
1000 N 9TH ST STE 42
GRAND JUNCTION, CO. 81501
(970) 270-6754**

As a Complementary and Alternative Health Care Provider, I am not licensed, certified or registered by the state of Colorado as a health care professional. I am not a licensed medical physician and do not diagnose, treat or prescribe remedies for the treatment of disease. The services I perform, whether in person, by mail or by phone, are at all times restricted to complementary and alternative health care services intended for the maintenance of the best possible state of nutritional health. I am prohibited from performing surgery or any invasive procedure, administer ionizing radioactive substances, use a laser device that punctures the skin, perform enemas/colonics unless board certified, practice midwifery, practice psychotherapy, perform spinal manipulation, practice optometry, directly administer medical protocols to a pregnant woman or a person who has cancer, practice dentistry, set fractures, practice massage therapy, provide a conventional medical disease diagnosis or recommend the discontinuation of a course of care recommended by a health care professional. I am also prohibited from treating children less than two years of age. In order to treat a child who is between 2-8 years of age, I must have written consent of the child's parent or legal guardian:

Name of Child (Age 2-8)

Signature of Parent/ Legal Guardian

The Services I provide are as follows: **Bowen Therapy, Colon Hydrotherapy, and Detox and Cleansing Counsel.**

My professional degrees, training, experience, credentials and qualifications are as follows:
Certification and Training in Bowen Therapy through Bowenwork Academy USA, Colon Hydrotherapy Certification and Training through the International School of Colon Hydrotherapy and Certification and Member of I-ACT, (International Association of Colon Hydrotherapy).

I do carry liability insurance applicable to any injury caused by an act or omission in providing complementary and alternative health care services. A copy of the disclosure and statement will be kept on file for at least two years after the last date of service.

***As my client, you should discuss any recommendations I provide with your Primary Care Physician, Obstetrician, Gynecologist, Oncologist, Cardiologist, Pediatrician or Pediatric Health Care Provider, or other Board-Certified Physician.**

Name of Client

Signature of Client

Address of Client

City, State, Zip Coder

Phone Number

E-Mail (please make legible)

Date of Birth

Date of First Visit

Bowenwork (The Bowen Technique)

Client Instructions

Bowenwork is a specific series of muscle and connective tissue moves designed to release restrictions and initiate the healing process. Bowen addresses every system in the body; joints, musculoskeletal, circulation and internal organs systems. The gentle moves send powerful neurological impulses to the brain. The brain processes the information and realigns the body. Respecting this feedback loop is essential for allowing the body to restore its natural balances. For this season, clients are asked to avoid other treatments for a short time, because they may stop the process the body has started. You may notice changes taking place throughout your body over the next week. You can maximize this process by following the instructions below.

Before Treatment

- There should be a 4-day wait between other forms of bodywork and a Bowenwork treatment.

Day of Treatment

- Please wear loose, comfortable clothes.
- No heating pads or ice packs.
- Avoid strenuous exercise, both on the day of and the day after treatment.
- If you are worked on for low back pain or have the pelvic procedure done, do not sit for more than 30 minutes at a time without getting up and going for a short walk. This includes driving (pull over, walk around the car) or sitting at a desk. When you stand up from sitting, including arising the next morning, try to get up putting both feet on the floor at the same.
- Avoid Yoga and Tai Chi on the same day.

During the Following Week

- Avoid all other forms of bodywork: massage, acupuncture, energy work, magnets, etc. for 5-7 days.
- Drink lots of water (2-3 quarts per day).
- No heating pads or ice packs.
- Take a walk each day to help integrate the changes your body is undergoing.

Follow Up

- Return in about 5-7 days for a follow up treatment to stabilize the new patterns initiated by first treatment.
- Your practitioner will discuss your individual treatment protocol for any additional sessions. (If more are needed).
- Once your condition is resolved, you may choose to schedule for occasional “tune-up” sessions for stress relief, muscle tightness, or other problems.
- If you have a chronic, long term problem, you may need regular sessions over a longer period.