



Bowen Arrow Bodyworks

Client Intake Form

Name: _____ DOB: _____ M/F _____

Address: _____

E-Mail (Bowen work only) _____

Phones: (H) _____ (W) _____ (C) _____

Occupation: _____ Sports/Hobbies: _____

Emergency Contact: _____ **Referred by:** _____

Please check all that apply:

abdominal/ digestive problem	colic (baby)	headaches	pelvic pain	
allergies/hay fever	constipation	heart problem	Planter fasciitis/neuroma	
arthritis-(location) :	diabetes	hernia	PMS / menopause	
	diaphragm pain	hip pain	pregnancy	
asthma	diarrhea	hip replacement	prostate problem	
ankle problem	dizziness	incontinence/bladder	rib pain/subluxation	
back pain-(location):	ear or eye problem	infertility	sacral pain	
	edema- general	jaw/TMJ problems	sciatica	
bed wetting-children	elbow pain, tennis or golf	joint replacement	scoliosis	
bone spurs	fatigue, chronic	knee problem	shin splints	
breast lump	fibromyalgia	liver problem	shoulder problem	
breast pain	polymyalgia	lung problem	sinus problem	
			sleep/energy problems	
breast implants	Fibroids- (location):	magnet usage	tinnitus	
bronchitis		migraines	uterine/ovary problem	
bunion	fracture	Numbness- (location):	wrist/thumb pain	
bursitis	fallen on tailbone			
buttock pain	gallbladder problem	orthodontia/ extensive	other	
cancer	heating pad/ice pack use	orthotics in shoes	hamstring pain/tightness	
carpal tunnel	heating/cooling salve usage	osteoporosis		
chest pain	hammer toes	pain other (location):		



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Describe your condition(s), including length of time experienced. Please list all accidents, injuries, surgeries and falls that might in any way be relevant; including date of occurrence.

List activities compromised condition(s): _____

Rate your area(s) of current pain by circling the number on the scale of "0" (no pain) to "10" (worst pain possible):

Low back- 0 1 2 3 4 5 6 7 8 9 10

Middle back – 0 1 2 3 4 5 6 7 8 9 10

Upper back – 0 1 2 3 4 5 6 7 8 9 10

Neck – 0 1 2 3 4 5 6 7 8 9 10

Headache – 0 1 2 3 4 5 6 7 8 9 10

Face – 0 1 2 3 4 5 6 7 8 9 10

Chest – 0 1 2 3 4 5 6 7 8 9 10

Abdomen – 0 1 2 3 4 5 6 7 8 9 10

Groin – 0 1 2 3 4 5 6 7 8 9 10

Other (specify) – 0 1 2 3 4 5 6 7 8 9 10

Right Shoulder – 0 1 2 3 4 5 6 7 8 9 10

Left Shoulder – 0 1 2 3 4 5 6 7 8 9 10

Right arm or elbow – 0 1 2 3 4 5 6 7 8 9 10

Left arm or elbow – 0 1 2 3 4 5 6 7 8 9 10

Right hand or wrist – 0 1 2 3 4 5 6 7 8 9 10

Left hand or wrist – 0 1 2 3 4 5 6 7 8 9 10

Right hip or knee – 0 1 2 3 4 5 6 7 8 9 10

Left hip or knee – 0 1 2 3 4 5 6 7 8 9 10

Right leg or foot – 0 1 2 3 4 5 6 7 8 9 10

Left leg or foot – 0 1 2 3 4 5 6 7 8 9 10

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

Recent hands-on modalities received: _____

Signature: _____ Date: _____

HIPPA FORM

This notice describes how medical information about you may be used and disclosed and how you may receive access to this information. Please review it carefully.

Privacy Practices of Bowen Arrow Bodyworks

In order to protect your privacy regarding your health information, we will not disclose your information to others unless you tell us to or unless the law authorizes or requires disclosure. Health information pertinent to this statement is as follows (and not to exclude any health information) intake form, treatment notes, test results, and any information or communication with health providers.

Your Rights

You have the right to:

Receive a copy of this form.

Limit how I use and disclose your information

And responsibility to keep us informed of health changes

All your requests to change, limit, or disclose information in your file must be provided to Nick Malmstrom, Bowen Arrow Bodyworks in a written statement with your signature and current date. We may also contact you at the numbers given on your intake form and leave a message with person answering or on answering machine, unless otherwise requested.

Our Statement

It is our responsibility to keep information received confidential. By signing this form, you understand that information you may come in contact with while visiting Bowen Arrow Bodyworks is to be kept confidential. If found not doing so legal action may be taken.

Signature: _____ Date: _____



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Confidential Health Form

_____ Please be aware that your medical Insurance is a contract between you and the Insurance company, and I am not a party to that contract. As such, it is your responsibility to verify what Massage Therapy treatment benefits you are entitled to receive and what restrictions apply. Payment is due at the time of each service.

_____ All NSF (returned) checks will be charged a \$50.00 Fee

_____ I hereby authorize the release of Medical information necessary to process my insurance claim to my attorneys, healthcare providers, and insurance managers. This may include intake forms, chart notes, reports, correspondence, billing statements, and any other information.

I hereby authorize the insurance company or attorney to remit payment directly to this office. I understand the benefits and risk of massage and give consent for massage. I will consult my practitioner with any questions or concerns immediately.

I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes.

_____ Cancelled/Missed Appointment Policy:

I agree to provide 24-hour cancellation notice. If I fail to do so, I agree to pay a \$50.00 cancellation fee. (please note that Insurance companies do not pay this you do).

First offence – letter with fee reminder

Second offence – letter with fee charge.

Third offence – Letter, and all remaining appointments will be cancelled, account balance must be paid in full before additional appointments are scheduled.

Missing an appointment or not cancelling in a timely manner, represents a missed opportunity

For my other clients and a loss of income for me.

_____ Patient Responsibility:

I agree, I am ultimately responsible for all services rendered weather of not my insurance company deems those services necessary, usually or customary, or denies payment for any reason. If further action is required to gain funds. I agree to pay all additional expenses necessary, including but not limited to lien fees, collection fees, filing fees, release fee and copy fees.

Signature: _____ Date: _____

BOWENWORK (THE BOWEN TECHNIQUE)

CLIENT GUIDELINES

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 organ 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 reason, clients are asked to avoid other modalities 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 instruction below.

Before Session

- There should be a 4- day wait between other forms of bodywork and a Bowen session.

Day of Session

- Please wear loose, comfortable cloths.
- No heating pads or ice packs.
- Avoid exercise, both on the day of and the day after Bowenwork.
- If you are worked on for low back pain or have the pelvic procedure done, do not sit for more the 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 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 time.

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