

## Client Intake Information

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"/> Chest pain	<input type="checkbox"/> Hamstring pain or tightness	<input type="checkbox"/> Pain, other — (location): _____
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☐ Abdominal/digestive problem
 ☐ Colic (baby)
 ☐ Headaches
 \_\_\_\_\_

☐ Allergies I hay fever      ☐ Constipation      ☐ Heart problem      ☐ Pelvic pain

☐ Arthritis — (location):      ☐ Diabetes                          ☐ Hernia                          ☐ Plantar fasciitis  
or neuroma

\_\_\_\_\_ — Diaphragm pain or tightness      \_\_\_\_\_ Hip pain      \_\_\_\_\_ PMS or menopause

\_\_ Asthma                      \_\_ Diarrhea                      \_\_ Hip replacement                      \_\_ Pregnancy

☐ Ankle problem      ☐ Dizziness      ☐ Incontinence  
  /bladder (adult)      ☐ Prostate problem

\_\_\_ Back pain — (Location):    \_\_\_ Ear or eye problem            \_\_\_ Infertility            \_\_\_ Rib pain / subluxation  
 \_\_\_\_\_    \_\_\_ Edema, general            \_\_\_ Jaw / TMJ problem            \_\_\_ Sacral pain

☐ Bed wetting (children)      ☐ Elbow pain, tennis or golf      ☐ Joint replacement      ☐ Sciatica

☐ Bone spurs
 ☐ Fatigue, chronic
 ☐ Knee problem
 ☐ Scoliosis

☐ Breast lump      ☐ Fibromyalgia or polymyalgia      ☐ Liver problem      ☐ Shin splints

☐ Breast pain     
 ☐ Fibroids — (location):     
 ☐ Lung problem     
 ☐ Shoulder problem

☐ Breast implants
 ☐ Magnet usage
 ☐ Sinus problem

☐ Bronchitis
 ☐ Fracture
 ☐ Migraines
 ☐ Sleep / energy problem

☐ Bunion                  ☐ Fallen on tailbone                  ☐ Numbness –(location):    ☐ Tinnitus  
                                     / coccyx

☐ Bursitis                      ☐ Gall bladder problem                      ☐ Uterine or ovary problem

☐ Buttock pain      ☐ Heating pad /  
ice pack usage      ☐ Orthodontia, extensive      ☐ Wrist or thumb pain

\_\_\_ Cancer
 \_\_\_ Heating / cooling  
salve usage
 \_\_\_ Orthotics in shoes
 \_\_\_ Other

☐ Carpal tunnel syndrome      ☐ Hammer toes      ☐ Osteoporosis

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Four line drawings of a human figure from different perspectives: left profile, back, front, and right profile. Each drawing is labeled with 'R' or 'L' at the bottom to indicate the right or left side of the body.

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

R

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 Massage, Bodywork, Bowenwork and/or Energy work 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 \_\_\_\_\_

**The State of Texas Massage Board now requires the following statements to be read by the client at the initial consultation. Please read and initial below.**

\_\_\_\_ 1) The massage therapist uses a variety of massage techniques during the massage session which may include: ‘

Swedish Massage

Orthopedic Massage

Soft Tissue Release

Myofascial Massage

& Sports Injury

Trigger Point

Reflexology

Pre Natal Massage

Facial Massage

Reiki

Lypossage

Heated Stone Massage

Lymph DrainageTherapy

Acupressure Massage

CranioSacral Therapy

Jin Shin Jyutsu

Bowenwork

\_\_\_\_ 2) I understand that it is not within the scope of the massage session for the therapist to engage in breast massage of female clients unless it is for specific therapeutic purposes and the Client gives specific permission for that purpose.

\_\_\_\_ 3) I am aware that draping will be used during the massage session.

\_\_\_\_ 4) I understand that my feedback is an essential element in my treatment, therefore if at any time I should become uncomfortable during the massage, I may bring it to my therapists attention and request that the session end.

PLEASE READ THE FOLLOWING STATEMENTS, THEN SIGN AT THE BOTTOM OF THE PAGE

I have read and fully understand this form in its -entirety. If at any time there are changes in the information given or in my condition, I will notify my therapist, and update this form before receiving additional massages.

The massage treatment given here is for the sole purpose of stress reduction, relief from muscle tension or spasm and to increase circulation and energy flow.

The Massage Therapist does not diagnose or prescribe for medical illness, disease, or any other physical or mental disorder.

The Massage Therapist does not do spinal manipulations. Massage Therapy is not a substitute for medical examination or diagnosis, and it is recommended that a physician be seen for any ailment that you may have.

It is the Client's (your) responsibility to explain and discuss all physical conditions with the Massage therapist so that she may do her job. Your Massage Therapist is an independent professional and is solely responsible for your treatment.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the client is less than 17 years of age, the parent or guardian must sign indicating approval:

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_