



Bowen Association UK - Health Show - Client information Sheet

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| Name: | Date of Birth: | |
| Address: | | |
| Phone numbers – Home: | Mobile: | Email: |
| Occupation: | | |

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| GP Name & Address: |
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| Briefly describe health problem(s) you have: |
| Do you regard your health problem(s) to be: Severe / Moderate / Mild |

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| What other forms of therapy have you used during the past 7 days and today? |
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| Please list previous/other Diagnosis, Illness, Accidents, Broken Bones, Injuries, Surgeries & Falls that you have had: |
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| Please list any medication you are currently using: |
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| Ladies - Is there any possibility you could be pregnant. Do you have breast implants: |
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Please read and then sign one of the following as applicable

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|---|-------|
| I _____ confirm I have understood the treatment I am about to receive and that the information I have given above is correct. I have been fully informed about contra-indications and I hereby confirm I am willing to proceed with treatment without confirmation from my own GP or Consultant | |
| Signed: | Date: |

| | |
|---|-------|
| I _____ confirm I have understood the treatment and given my medical history. I would prefer to consult with my GP or Consultant prior to receiving treatment . | |
| Signed: | Date: |