



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 instructions below.

Before Session

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

Day of Session

- Please wear loose, comfortable clothes.
- No heating pads or ice packs.
- Avoid strenuous 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 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 time.
- 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 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 more are 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 a chronic, long-term problem, you may need regular sessions over a longer time period.

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:
