Always Bowen Client Intake Form

General and Contact Details

Title	Given Name		Surname
Date of Birth	(DD/MM/YYYY)		Gender
Residential Address: Street			
Suburb		State	Postcode
Email			Phone
Emergency contact	Name		Phone
	Relationship		
Occupation			

How did you find out about Always Bowen? (please tick)

Company Webpage o Google Search o Facebook o

Advertisement o Friend (who?) o Flyer/card o

Appointments and Cancellation Policy

When you book an appointment, that time is reserved for you exclusively, and missed appointments prevent me from accommodating other clients. I value your business and ask that you respect my scheduling policies.

Out of consideration to your therapist and other clients, please plan accordingly in order to be on time. Late arrival will require that I end the session at the scheduled time, meaning your session will unfortunately be shorter as I usually have other clients scheduled either side of your appointment.

Should you need to cancel or reschedule, please notify me at least 24 hours in advance. Please note, more than 24 hours of notice is required to cancel or reschedule your appointment at no cost.

Any cancellations with less than 24 hours of notice are subject to a cancellation fee of 50% of the treatment fee. Clients who miss their appointments without giving any prior notification will be charged *in full* for the scheduled service. Cancellation Fees will be charged to the credit card listed on the Credit Card Authorisation Form below. Rest assured, your credit card details are kept on Square's secure end-to-end encrypted network and will never be shared with anyone else.

If you have paid for your treatment in advance and cancel more than 24 hours before your scheduled appointment you may request a refund of the treatment fee. If you cancel less than 24 hours before appointment, you may request a 50% refund of the treatment fee. If you miss your appointment without any notification, it will be considered a No-Show and you will not be eligible for a refund.

Please note, you cannot request a refund if you change your mind.

Thank you for your understanding.

I have read and agree to the terms of the Cancellation Policy.

Signature: _____ Print Name _____

Date: _____

Credit Card Authorisation Form

Please complete all fields. You may cancel this authorisation at any time by contacting us. This authorisation will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiry Date (mm/yy): _____
Billing Postcode: _____

I, _____, authorise **Always Bowen** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date

Have you had Bowen therapy before?	Yes	No	
Do you have either high or low blood pressure?	Yes	No	
Do you exercise regularly? What do you do?	Yes	No	
Have you had any surgeries or illnesses?	Yes	No	
Have you had any fractures or dislocations?	Yes	No	
Do you have any implants?(stent, hernia, dental, breast)	Yes	No	
Any joint replacements or reconstructions?	Yes	No	
Do you take any medication? For what conditions?	Yes	No	
Are you pregnant?	Yes	No	
Do you have diabetes Type 1?	Yes	No	
Do you smoke/drink alcohol?	Yes	No	
Have you suffered any trauma?	Yes	No	
Do you feel stressed?	Yes	No	
Do you sleep well?	Yes	No	
Do you suffer from depression and/or anxiety?	Yes	No	
Do you experience migraine/headaches?	Yes	No	
Do you grind or clench your teeth?	Yes	No	
Do you suffer from tinnitus and/or vertigo?	Yes	No	
Do you have any diagnosed spinal problems? (herniated or protruding discs, scoliosis, spondylolisthesis, spinal stenosis, vertebral fractures, degenerative disc disease, ankylosing spondylitis, osteoarthritis, spinal stenosis)	Yes	No	
Do you have osteoporosis or osteopenia?	Yes	No	
Have you had any ongoing problems since having COVID-19? Please explain.	Yes	No	
Do you have respiratory problems? (asthma, lung disease, COPD, pneumonia, bronchitis)	Yes	No	
Do you have difficulty lying down?	Yes	No	
Do you have **any** scars? Please indicate below.	Yes	No