

Today's Date: \_\_\_/\_\_\_/\_\_\_  
dd mm yyyy

## ORTHOPEDIC INTAKE FORM FOR BOWEN THERAPY

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_  
(e.g. Jane E. Doe) dd mm yyyy

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Leisure Activities \_\_\_\_\_

How did you hear about us?  Physician  Family  Friend  
 Web  Brochure  Other \_\_\_\_\_

1. What problems or concerns would you like addressed? Explain: \_\_\_\_\_

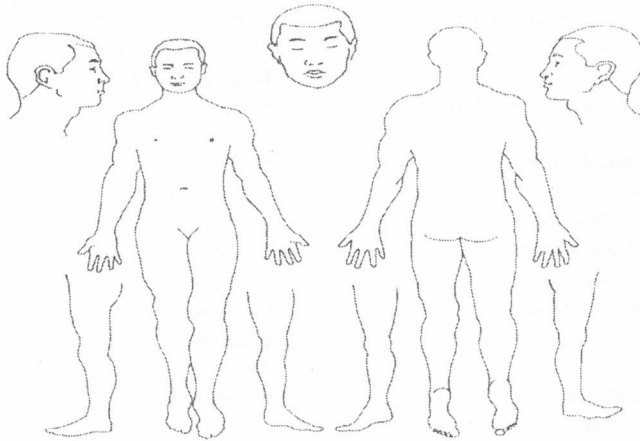
2. When did your problem develop? (exact date) \_\_\_/\_\_\_/\_\_\_

Work related?  Yes  No Auto related?  Yes  No

3. How did your problem begin? \_\_\_\_\_

4. Since your problem began, has it?  Improved  Stayed the same  Worsened

5. Please note on the diagram where you're experiencing pain (using the appropriate letters):



T = Tingling  
D = Dull  
S = Sharp  
N = Numbness  
B = Burning  
R = Radiating  
A = Ache

6. Is your pain?

Constant  Intermittent

7. Express your pain on a scale of 0-10 (10 being extreme):

\_\_\_\_\_ At present \_\_\_\_\_ At best \_\_\_\_\_ At worst

8. Are there any activities or positions that significantly worsen your symptoms?

Sitting  Standing  Walking  Lifting  Lying down  Ice  Heat  
 Coughing/Sneezing  Bending  Bowel/bladder movements  Other \_\_\_\_\_

9. Are there any activities or positions that significantly improve your symptoms?

Sitting  Standing  Walking  Lifting  Lying down  Ice  Heat  
 Pain Medications  Bending  Other \_\_\_\_\_

10. What part of the day do you feel best? \_\_\_\_\_ Worst? \_\_\_\_\_

11. Is sleep disturbed due to your pain?  Yes  No

12. Are you currently receiving the following treatment with another provider?  
 Physical Therapy  Chiropractic  Massage  Home Healthcare Services  
 Skilled Nursing Facility  Services  Acupuncture  Osteopathy

13. Have you had prior treatment(s) for this condition?  
 Physical Therapy  Chiropractic  Injections  Massage  Surgery  
 Acupuncture  Osteopathy  Craniosacral  Other \_\_\_\_\_

14. Recent diagnostic tests?  
 X-ray  CT Scan  MRI  EMG  
 Bone Scan  Scope  Other \_\_\_\_\_

15. Please list all medications you are currently taking:  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you ever had any of the following? (Please check all that apply.)

<input type="checkbox"/> Anxiety disorder	<input type="checkbox"/> Fever	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Gynecological Concerns	<input type="checkbox"/> past <input type="checkbox"/> present
<input type="checkbox"/> Asthma	<input type="checkbox"/> Head injury	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Bladder problems	<input type="checkbox"/> Headaches	<input type="checkbox"/> Ringing in ears
<input type="checkbox"/> Blood clots	<input type="checkbox"/> Heart problems/Heart attack	<input type="checkbox"/> Seizures
<input type="checkbox"/> Bowel problems	<input type="checkbox"/> Hernia	<input type="checkbox"/> Skin problems
<input type="checkbox"/> Broken bones	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Smoking
<input type="checkbox"/> Cancer	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> past <input type="checkbox"/> present
<input type="checkbox"/> Chills	<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Strokes
<input type="checkbox"/> Circulatory problems	<input type="checkbox"/> Liver/Gallbladder	<input type="checkbox"/> Sweating
<input type="checkbox"/> Depression	<input type="checkbox"/> Major trauma	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Menses, irregular	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Metal implants	<input type="checkbox"/> Weakness
<input type="checkbox"/> Easy bleeding	<input type="checkbox"/> Nausea	<input type="checkbox"/> Weight gain
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Weight loss
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Pacemaker	

Please explain any checked items above and add others not listed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Past surgical history:

Surgery	Date	Outcome/Complications
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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## Naturopathic Medicine Informed Consent for Treatment By Tammy Grime, Bsc., N.D.

Naturopathic medicine is, as the name implies, the treatment and prevention of diseases by natural means. Naturopaths assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches are used. Diet and nutritional supplements, botanical medicine, homeopathy, oriental medicine and acupuncture, hydrotherapy, physical medicine and lifestyle counseling are the mainstays of naturopathic medicine.

**Individual Diets and Nutritional Supplements** are recommended to address deficiencies, treat disease processes and to promote health.

**Botanical Medicine** is the use of herbal teas, tinctures, capsules and other forms of herbal preparations to assist in the recovery from injury and disease.

**Homeopathy** is a form of medicine heavily used by doctors in Europe and around the world in both hospital and private practice. It is based on the use of minute doses of plant, animal or mineral origin to stimulate the body's ability to heal itself.

**Traditional Chinese Medicine** includes acupuncture, as well as the use of botanical formulas and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized needles through the skin into underlying tissues at specific points on the surface of the body. Sometimes moxa (a compressed herb in the form of a stick) is burned over an acupuncture point to help relieve symptoms. Botanical formulas may be given in the form of pills, tinctures, extracts or decoctions (strong teas) to be taken internally or used externally as a wash. Herbal formulas may include shell, mineral and animal materials as well as plants. Dietary advice is based on Traditional Chinese medical theory.

**Physical Medicine** refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems. Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

**Bowen Therapy** refers to a gentle hands on technique where skin slack is rolled over muscle bellies in specific areas of the body for treating pain due to injury, trauma or chronic degeneration of the musculoskeletal system.

As Naturopathic Medicine is a holistic approach to health, **lifestyle** is considered relevant to most health problems. Your Naturopathic Doctor will help you to identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

Dr. Grime will take a thorough case history, do a screening physical examination, including a breast exam on females, urine and other lab tests and order blood tests as needed. If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams.

Even the gentlest therapies have their complications, especially in certain physiological conditions such as pregnancy and lactation, or in very young children. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important therefore that you inform Tammy immediately of any disease process that you are suffering from, or if you are pregnant, suspect you are pregnant or you are breast-feeding.

There are some health risks to treatment by Naturopathic Medicine. These include, but are not limited to:

- Aggravation of pre-existing symptoms;
- Allergic reactions to supplements or herbs;
- Pain, bruising or injury from venipuncture (blood draws), intramuscular injections or acupuncture;
- Fainting or puncturing of an organ with acupuncture needles, accidental burning of skin from the use of moxa;
- The experience of a Healing Crisis; flu like symptoms.

Cancellation Policy

**NOTE: 24 hours notice if required for cancellations or full fees for your appointment will be applied.**

I, \_\_\_\_\_ (print name), understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my record at anytime and can request a copy of it by paying the appropriate fee. I understand that information from my record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that the Naturopathic Doctor will answer any questions I have to the best of her ability. I understand that results are not guaranteed. Because each individual may respond differently to treatment, I do not expect Tammy Grime to be able to anticipate and explain all risks and complications. I will rely on her to exercise judgment during the course of treatment, which she feels at the time is in my best interests, based upon the facts then known.

I have read the above information and with this knowledge, I voluntarily consent to the diagnostic and therapeutic procedures mentioned above, except for: (please list exceptions)

\_\_\_\_\_  
\_\_\_\_\_

I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

\_\_\_\_\_  
Signature (Guardian if applicable) Date