ORTHOPEDIC INTAKE FORM FOR BOWEN THERAPY

Name: ___________________________ Birthday: __/__/____
(e.g. Jane E. Doe) __/__/____

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

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

17. Past surgical history:

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Date</th>
<th>Outcome/Complications</th>
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<tbody>
<tr>
<td>1.</td>
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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