Peninsula Bowen Therapy

CLIENT REGISTRATION FORM

NAME:	DATE OF BIRTH:
ADDRESS:	
PHONE:	EMAIL:
OCCUPATION:	

ALCOHOL INTAKE:	WATER INTAKE:
DO YOU SMOKE -IF YES, HOW MANY?	TEA / COFFEE INTAKE:
EXERCISE:	
CURRENT MEDICAL CONDITIONS:	
PRIOR MEDICAL CONDITIONS INCLUDING OPERATIONS AND SURGICAL PROCEDURES:	
MEDICATION:	
NON-PRESCRIPTION DRUGS (eg paracetamol, vitamins, recreational):	

EMERGENCY CONTACT: NAME: _____ NUMBER: _____

In order to ensure that you receive the best possible treatment, please **tick** any of the following which apply:

DO YOU HAVE OR HAVE YOU HAD: **ADDITIONAL INFORMATION:**

- ☐ HEART PROBLEMS / PACE MAKER? _____
- ☐ EPILEPSY? _____
- ☐ DIABETES? _____
- ☐ ALLERGIES? _____
- ☐ CANCER? _____
- ☐ HEPATITIS / HIV / AIDS? _____
- ☐ HIGH / LOW BLOOD PRESSURE? _____
- ☐ ANY RECENT OPERATIONS? _____
- ☐ RECENT HAEMMORRHAGE? _____
- ☐ METAL PLATES / PINS? _____
- ☐ MUSCLE WASTING? _____
- ☐ ARTHRITIS? _____
- ☐ BACK PROBLEMS? _____
- ☐ JOINT PROBLEMS? _____
- ☐ FRACTURE / SPRAIN? _____
- ☐ NERVE PROBLEMS? _____

- ☐ DIGESTIVE PROBLEMS? _____
- ☐ GYNAECOLOGICAL / URINARY? _____
- ☐ IS THERE ANY CHANCE YOU MIGHT BE PREGNANT / TRYING TO CONCEVE? _____
- ☐ SWELLINGS? _____
- ☐ SKIN PROBLEMS? _____
- ☐ HEADACHE / MIGRAINS? _____
- ☐ ASTHMA / RESPIRATORY? _____
- ☐ INSOMNIA / DISTURBED SLEEP? _____
- ☐ STRESS / PANIC ATTACKS / DEPRESSION?
- ☐ EPILEPSY? _____
- ☐ ANYTHING NOT MENTIONED ABOVE? _____

Your Personal Information – General Data Protection Regulation (GDPR)

The information to be held is:

- Your contact details
- Medical history and other health-related information (as recorded on the attached 'Client Registration Form' as well as the CBS 'Case Study Form' and 'Body Outline')
- Treatment details and related notes. It is my duty to ensure confidentiality and safe keeping of this information as outlined below

All paper records will be held securely in a locked filing cabinet and notes taken on electronic devices will be password protected. No client files are left on surfaces for other clients/staff to read. Phoebe Davies is entirely responsible for the secure storage of your information in accordance to GDPR requirements

How long your information will be retained for:

This 'Client Registration Form' will be kept securely for 8 years following your last recorded visit, until you are 25 if you are under 16 years of age, or until you are 26 if you are 17 years old.

Client declaration:

Bowen therapy is not intended as a substitute for medical advice or treatment. Any concerns regarding a medical complaint should always be discussed with your medical practitioner in the first instance.

I declare that all the information given is true to the best of my knowledge, and if any of my circumstances were to change, I would inform you at my next treatment, I confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP or consultant.

I understand that the written information provided by nyself and information discussed during the course of my Bowen sessions will be kept confidential and safely and securely stored in accordance with GDPR.

At any time I can request that my contact details be deleted and no further contact will be made.

PLEASE TICK (This section must be completed by a Parent or Guardian if you are under 16 years of age)

☐ All the information included within the Client Registration form is complete and accurate to my knowledge

☐ I consent to assessment and treatment using the Bowen Technique

☐ I understand and consent to the collection and use of my personal information as outlined above

FULL NAME (PRINT): _____

SIGN: _____ **DATE:** _____