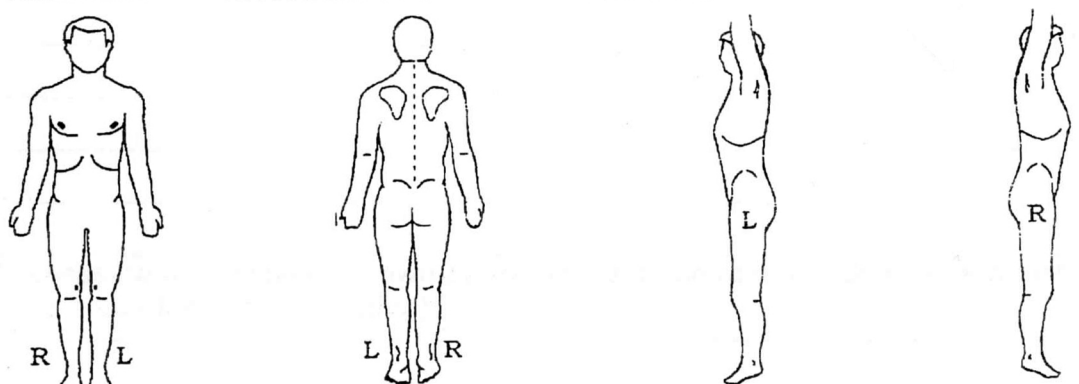


## Client Report Form - First Treatment

<b>Student Name</b>		<b>Date</b>	
<b>Confirmation of client agreement to proceed with the Bowen assessment / treatment (prior to the treatment commencing)</b>			
<b>Client Initials</b>		<b>Date</b>	
<b>Sex</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Town</b>	
<b>Contact Details</b>			
<b>Phone</b>		<b>Age</b>	
<b>Occupation</b>		<b>Recreation Sport</b>	
<b>Relevant Client Information: Subjective Assessment</b>			
<b>Recent illness / operations</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Fractures / Dislocations</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Medications</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Implants</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>HBP / LBP</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Replacements</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Pregnancy</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Reconstructions</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Previous treatments for presenting condition</b>			
<b>Objective Assessment: Areas of muscular tension / soreness / ROM</b>			
			
<b>Observations</b> Pain Scale 0 (no pain) – 10 (max pain)			
<b>Active Movements</b>			
<b>Passive Movements</b>			

<b>Special Tests</b>	
<b>Palpation</b>	
<b>Management Plan</b>	Bowen Therapy session undertaken (procedures used, responses observed)
<b>Recommendations / exercises</b>	
<b>Referral to other health care professional if relevant</b>	
<b>Client feedback (during &amp; after session)</b>	
<b>Self assessment – review your own performance in the role of a Bowen Therapist (include areas for further learning)</b>	