

Bowtech Health Center

1150 Estates Dr., Ste. C, Abilene, TX 79602
(325) 676-9227

Name _____ Birthdate _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell _____ Work _____ Fax _____
Email _____ How you heard about us? _____
Occupation _____ Height _____ Weight _____ Sex _____

Current symptoms that bring you to Bowtech Health Center? Caused by Accident?

List any Physician diagnosed illnesses _____

List surgeries and dates _____

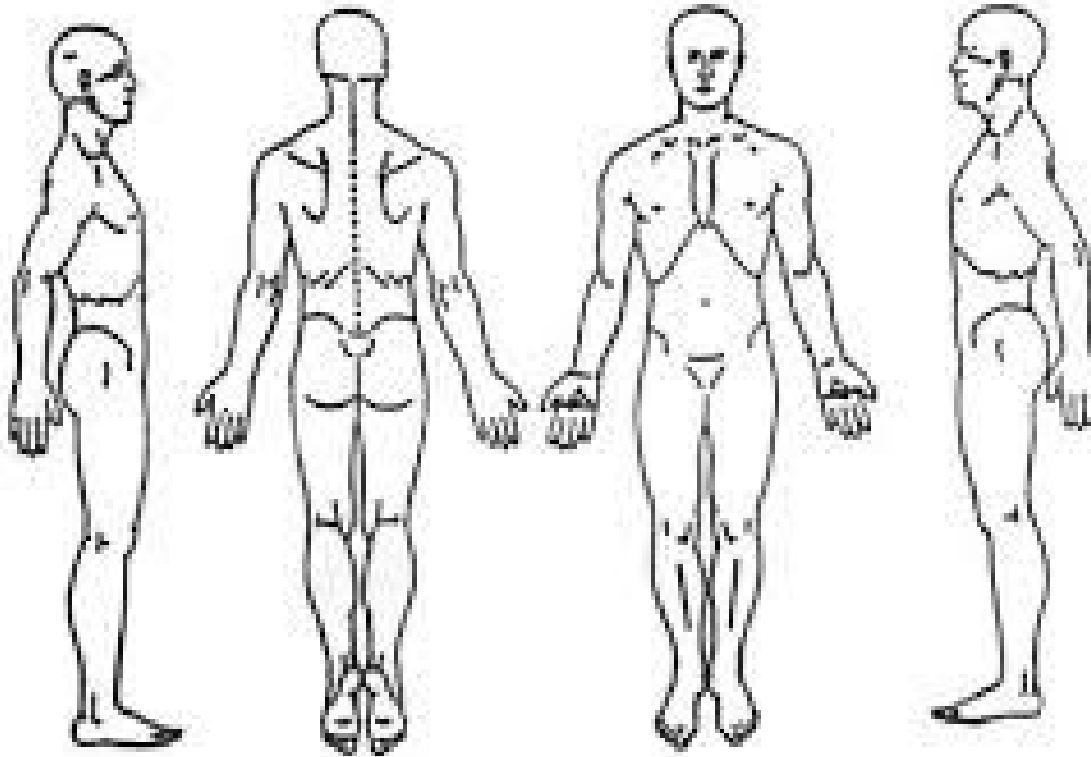
List medications currently taking and the condition it is for _____

Please check any challenges that you are experiencing:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Constipation | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cold Hands/feet | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Trouble relaxing |
| <input type="checkbox"/> Bloating/gas | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Nagging cough | <input type="checkbox"/> Tire easily |
| <input type="checkbox"/> Blood Pressure (high) | <input type="checkbox"/> Earache | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Blood Pressure (low) | <input type="checkbox"/> Frequent Headache | <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Sinus | <input type="checkbox"/> Sexual |

Other: (explain) _____

Circle the area of pain and right inside or next to put the level of pain on a scale of 1-10 in each area.



Pain intensity scale-

- (2) mild pain (annoying,nagging)
- (4) discomforting (troublesome, numbing)
- (6) Distressing (miserable, agonizing, gnawing)
- (8) Intense (cramping, dreadful, horrible)
- (10) Excruciating (tearing, crushing, unbearable)

Policies and Release Form

Bowtech Health Center and research programs do not diagnose disease, prescribe medication, or do we make any attempt to treat or cure any disease condition. We do not make any claims or imply that any suggestions given are to cure any condition. All clients are encouraged to seek competent medical help when treatment is necessary. Any soft tissue pressure, or movements demonstrated on the body of a client are things which can be done in the privacy of their own home. Procedures for soft tissue tone or circulatory--lymphatic enhancement of the vital life forces that sustain and maintain greater fitness levels, are not to be construed as treatment for disease conditions. A variety of non--invasive methods, modalities, and programs may be used. Some modalities used may include physical fitness, mental attitude, and good nutrition, as well as overall enhancement of harmony of the body. Nothing said, done, performed, typed, printed, or produced by Bowtech Health Center or Discover Nature's Healing is meant to diagnose, prescribe, treat a disease, or take the place of a licensed physician.

Please Sign

Permission is hereby given to use information of my treatment for research purpose. I therefore agree to participate in this modality of health and assume full responsibility for my health care and well-being and do not hold Bowtech Health Center or Discover Nature's Healing responsible.

Sign _____ Date _____

_____ I request _____ I do not request, that you advise my doctor of the services you are

Rendering, so he can keep his file complete and provide input if he so desires. May we consult with you doctor should we consider his/her input important in deciding on avenues to enhance your health.

_____ Yes _____ No

Doctors Name _____ Address _____

Dr's Phone _____

(If answered yes) clients signature _____

Photography/Digital Media Release Form

I, the undersigned, do hereby consent and agree that Discover Nature's Healing/Bowtech Health Center, Its employees or its agents have the right to take photographs, Videotape, or digital recordings of me beginning on _____ and to use those in any and all media now or hereafter known, and exclusively for the purpose of education. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Discover Nature's Healing/bowtech health center , its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for any pictures and/or recordings of me, either for initial or subsequent transmission or playback

I also understand that Discover Nature's Healing/bowtech health center is not responsible for any expense or liability incurred as a result of my participation in this recording and/or picture, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Phone: _____

Address: _____

Signature _____ Date: _____

If not age of 18 Legal Guardian must sign

Signature: _____

Cancellation Policy

Effective: November 1, 2015

Appointments must be cancelled at least 24 hours in advance. If an appointment is cancelled with less than 24 hours notice, there will be no charge the first time. After that, the normal fee for the service scheduled will be charged. If an appointment is forgotten (a patient does not come or call) there will be no charge the first time. After that, the normal fee for the service scheduled will be charged.

I, _____, understand that the Bowtech Health Center will make every attempt to make courtesy reminder calls; however, it is ultimately my responsibility for making it to my appointment.

I, _____, understand the cancellation policy for Lisa Rhodes at the Bowtech health Center and agree that I am responsible for payment under the circumstances specified in the cancellation policy.

Signature: _____ Date: _____