SumetBodyworx

CLIENT INTAKE FORM – SCAR ASSESSMENT

Please complete and if possible return prior to your first appointment to gailtumes@gmail.com.
If unable to return prior to your appointment then please print and bring the form with you to your first appointment

PERSONAL DETAILS:	
Name:	**Date:**
Address:	**Postcode:**
PHONE: Home	**Work** **Mobile**
Email:	
Marital Status:	**How did you hear about us?**
Have you liked us on Facebook? If not please do 😊	
NDIS YES / NO **ID No.**	**LAQ Member YES / NO**

HEALTH HISTORY: *Please provide as much detail as possible. Our body remembers at a cellular level so no injury, illness, trauma or condition experienced is insignificant. Our adult life can still be influenced even by something that we experienced in childhood. If required, add an additional page.*									
Male/Female		**Age:**		**DOB:**		**Occupation:**			**Years:**
Weight:	kg		**Height**::	cm		**Ethnicity:**			
Do you smoke?	Y	N	No/per day		**Alcohol?**	Y	N	No/per day	
Medications: (please list)									

CONDITIONS: Please tick and add detailed information below. Include any family history relevant to your conditions.

Please add detailed information for the items ticked above and ANY other conditions/injuries not indicated prior. Include any additional family health history and add additional page if required.

	Adrenals (Fat/Blood/Sugar Hormones		Allergies		Behavioural problems
	Cardiovascular		Dental (Jaw alignment / Click)		Digestive
	Endocrine (Glands / Organs)		Intergumentary (Skin)		Joint / Muscular disorders
	Lymphatic disorders		Menopause / Prostate		Mental Health
	Mobility		Neural disorders		Reproductive / Infertility
	Other (please detail below)				

BOWEN THERAPY / LYMPHATIC DRAINAGE /
COMPLEX DECONGESTIVE THERAPY / SCAR TISSUE RELEASE
42 Augusta Crescent
Forest Lake Q 4078
Mob: 0417 005 510 / Email: gailtumes@gmail.com / www.sumetbodyworx.com

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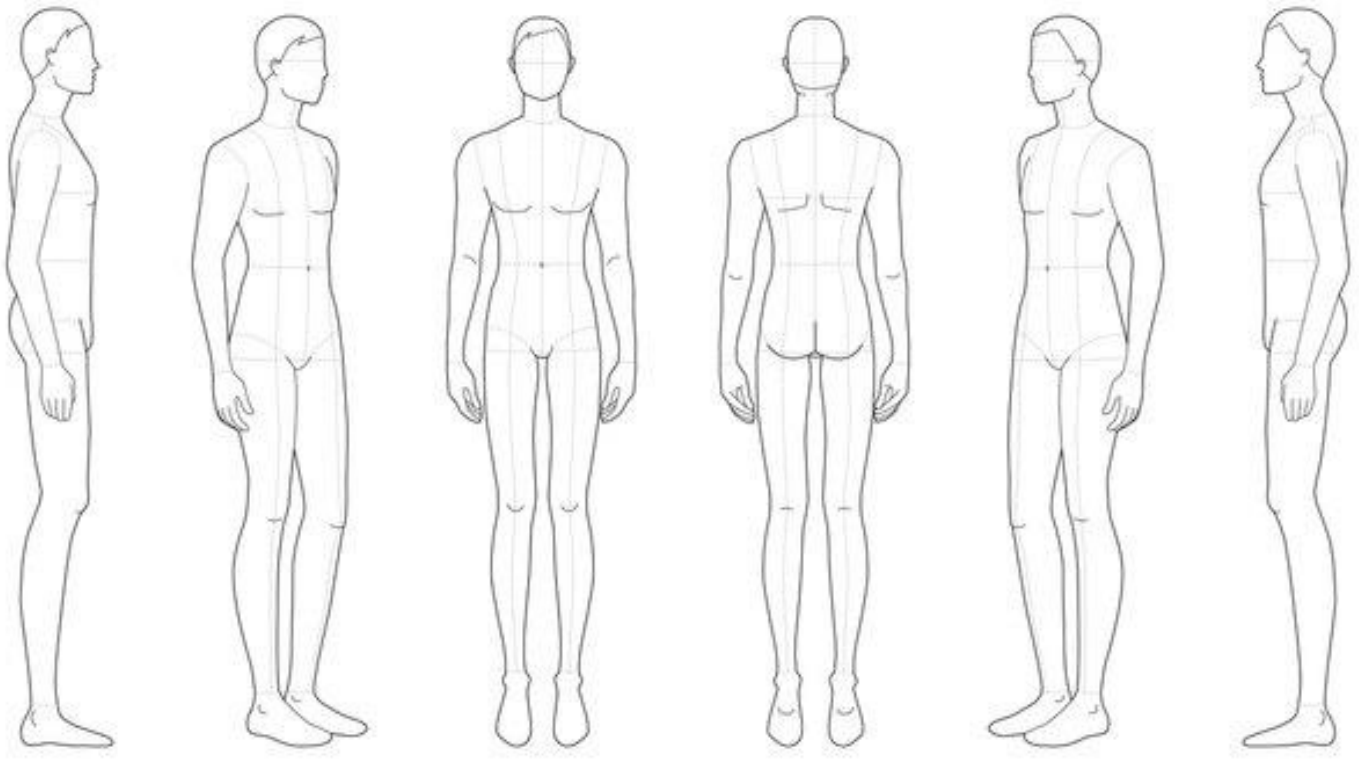
Mark on the profile the position of your scars.



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Q1	When was/were your scar/s acquired?
Q2	How was/were your scar/s acquired? (eg surgery, accident)
Q3	What does/do the scar/s feel/look like to you? (texture ie soft, lumpy, dry, itchy, colour, is it noticeable)
Q4	Do you feel any emotional response by touching the scar/s? Yes / NO (circle). If YES please describe as best you can.
Q5	Does/do your scar/s impact on your daily life? HOW? (working, sport, leisure impacts)
Q6	Do you incur pain in other areas of your body which may be related to the tension of your scar/s?
Q7	Do you get upset when others see your scar/s?
Q8	Do you get/feel embarrassed about your scar/s?
Q9	Do you let others touch/feel your scar/s? (partner / therapist / medical professionals)

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