

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:

Abdominal pain Constipation Hemorrhoids Shortness of breath

Allergies Cold Hands/feet Heart Problems Skin problems

Asthma Diabetes Indigestion Trouble relaxing

Bloating/gas Diarrhea Joint Pain Trouble sleeping

Bronchitis Dizziness Nagging cough Tire easily

Blood Pressure (high) Earache Nervousness Vision

Blood Pressure (low) Frequent Headache Poor concentration Varicose veins

Cholesterol Hearing problems Sinus Sexual

Other:

(explain) _____

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 Natures 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 _____

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: _____