Optimal Health Directions
Naturopath

Date: ….. /…../……

Client Confidential Information (*please print*)

☐ Female ☐ Male

Full Name ……..…… Date of Birth …… /…… / ……..

Address ……

City / Suburb ……..….. State …… Post Code …….

Phone Number (mobile) …… (home) ……..…… (work) ……..……..

Email ……

How did you hear about us?

☐ Google Search ☐ Website ☐ Facebook ☐ Family / Friend ☐ Other: …….

Emergency Contact Details:

Name: ……..……..…….. Relationship: …….. Phone ……..……..…

Medical History:

Have you recently had, or currently have, an illness (i.e. influenza)? ☐ Yes ☐ No

Are you currently on any medications? ☐ Yes ☐ No If yes, please list: ……

……

Please tick any of the following that are relevant to you.

☐ High Blood Pressure
☐ Low Blood Pressure
☐ Asthma
☐ Restricted Breathing
☐ Heart Condition
☐ Diabetes
☐ Skin Conditions
☐ Stress / Tension
☐ Constipation
☐ Diarrhoea
☐ Abdominal Pain / Discomfort
☐ Gastric Reflux
☐ Difficulty Swallowing
☐ Jaw / Mouth Problems
☐ Chronic Headaches / Migraines
☐ Arthritis
☐ Dizziness / Vertigo
☐ Allergies
☐ Sinus Problems
☐ Oedema / Swelling
☐ Eye / Vision Problems
☐ Kidney / Bladder Problems
☐ Scoliosis
☐ Pregnant or Planning Pregnancy
☐ Menstrual Problems

Please turn over to the next page and complete →

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Informed Consent

Please note that this form *must* be signed prior to your first appointment.

Following a Bowen treatment, a temporary exacerbation of symptoms and/or fatigue may be experienced. You are encouraged to discuss any concerns you may have with your Bowen Therapist. By signing this consent form, you agree and understand that:

- The Bowen Technique is a specific series of muscle and connective tissue movements. It consists of gentle rolling-type moves using the thumbs and fingers on precise points on the body. It can help address a wide range of conditions and injuries. The technique involves a series of moves with short breaks in between groups of moves allowing the body to rest and give it time to respond to the moves. This is an important part of the treatment.
- Procedures are best done in loose comfortable clothing. Appropriate draping techniques will be used when clothing are removed, as required.
- Treatment results are variable for each individual and cannot be guaranteed.
- Treatment plans and lengths are guidelines only and are subject to change according to individual progress.
- It is important to adhere to any post-treatment advice provided.
- You are free to consult with any other health care provider you choose and that Bowen treatment is not exclusive, but it is important that the Bowen Therapist is informed of any other treatments you are receiving in order to avoid any negative interactions or side effects.
- You will be informed what health conditions cannot be adequately treated with Bowen Therapy alone so that you can make an informed decision on whether to pursue another form of treatment in addition to Bowen.
- You understand that although Socrates Mistos is a qualified Naturopath, he is not authorised to give Naturopathic assessment or advice beyond the scope of Bowen Therapy during a Bowen Session.
- You understand the fee schedule and agree to pay for all costs of visits. Payments are to be made at the end of each visit.

I have read, or have had read to me, and understand all of the above, including the potential risks and side effects of treatment. I have also had the opportunity to ask questions about its content and by signing below I agree to these conditions. I intend this consent to cover the entire course of treatments, including follow-up treatments now and into the future. I thereby authorise my informed consent to Bowen treatment by Socrates Mistos, certified Bowen Therapist. I am free to withdraw my consent and to discontinue treatment at any time.

_____ _____ _____

Print Name Signature of Patient/Guardian Date

_____ _____

Socrates Mistos (Bowen Practitioner) Date

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Client Consent for the Collection, Use and Disclosure of Personal Information

Please note that this form *must* be signed prior to your first appointment.

We are aware of and understand the importance of protecting your personal information and are committed to collecting, using and disclosing your personal information responsibly.

Our privacy policy outlines what we are doing to ensure that:

- Only necessary information is collected about you.
- We will only share information with your consent.
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols.

We will collect, use and disclose information about you for the purposes to:

- Assess your health concerns.
- Advise you of treatment options.
- Establish and maintain contact with you.
- Send you information.
- Remind you of upcoming appointments.
- Communicate with other health-care providers (i.e. your G.P. or Medical Specialist), but only with your prior written consent.
- Allow us to follow up for treatment and billing.
- Invoice for goods and services provided.
- Process credit card payments.
- Collect unpaid accounts.
- Comply with regulatory and legal requirements.

Further information regarding our Privacy Policy and Terms & Conditions can be obtained from our website at www.optimalhealthdirections.com.au.

By signing this Client Consent Form, you have agreed that you have given consent to the collection, use and/or disclosure of your personal information as outlined above.

Client Consent

I have read the above information that explains how my personal information will be used and the steps taken to protect my personal information. I agree and give my consent to the collection, use and disclosure of personal information about *(print full name)* ..... as set out above.

_____ _____ _____

Print Name Signature of Client/Guardian Date

_____ _____

Socrates Mistos (Bowen Practitioner) Date