The Bowen Method
release.reset.recover.

Patient Information and Informed Consent

I, Emily Deneault, am a Bowenwork Practitioner, certified by the American Bowen Academy (866-862-6936).

Bowenwork, which is also known as Bowen Therapeutic Technique, is a soft tissue relaxation technique that is aimed at restoring balance and well-being to the body by releasing fascial restrictions. It engages the body's innate ability to restore and heal itself. The Bowen technique relieves muscle tension and restores normal lymphatic flow without deep muscle work. The technique involves a sequence of gentle moves and short breaks, where new input into the nervous system can be processed by the brain, and allows the body time to respond. Bowenwork treats a wide range of conditions and injuries. Loose and comfortable clothing work best, for the treatments.

By signing this consent form, you agree and understand that:

--Treatment results vary for each individual, because each individual responds to Bowenwork differently.

--Treatment plans and lengths are subject to change, according to the individual progress.

--Fatigue or symptoms amplifying may be experienced, temporarily, after treatment.

--Treatments for the clinic are about 15-20 minutes. Individual appointments are about an hour.

--Treatments are usually most effective when they are done around 7 to 10 days apart for 3 to 8 consecutive sessions. Although this is dependent on the individual and can change depending on how chronic the issues is.

--You have the right to refuse any part of the treatment, at any time during the treatment.

--You understand that I am a Bowenwork practitioner and am not authorized to give diagnosis or advice beyond the scope of Bowenwork, during the Bowen session. You will receive courteous and professional service.

I hereby give my informed consent to Bowenwork treatment, from Emily Deneault. I understand this consent is voluntary and may be revoked at any time. I have read and I understand the information provided above, including the potential risks and side effects of the treatment.

Printed name:_____Signature:_____

Date:_____