

Dr. Karina Wickland, B Sc, ND

Catalyst Integrative Health  
10 - 2495 Commercial Drive  
Vancouver, BC  
V5N 4B8  
604 568 7655

[www.drwickland.com](http://www.drwickland.com)

[www.catalysthealth.ca](http://www.catalysthealth.ca)

**New Bowen Patient Questionnaire**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the clinic? \_\_\_\_\_

Occupation:

Hobbies/sports/activities:

Do you currently have an active ICBC or WCB claim?

What are your health concerns, in order of importance to you:

- 1.
- 2.
- 3.
- 4.
- 5.

Previous or current treatments for the above conditions:

Please list any accidents, hospitalizations, surgeries, imaging (X-ray, MRI, CT):

\_\_\_\_\_ year: \_\_\_\_\_  
\_\_\_\_\_ year: \_\_\_\_\_  
\_\_\_\_\_ year: \_\_\_\_\_  
\_\_\_\_\_ year: \_\_\_\_\_

**Email Correspondence** (your email will never be sold, shared or traded)

Would you like to receive a copy of my newsletter via email?  No  Yes

Please mark the areas you are currently experiencing pain or discomfort:



