Dr. Karina Wickland
NATUROPATHIC PHYSICIAN

Dr. Karina Wickland, B Sc, ND
Valleyview Centre
44 – 1400 Cowichan Bay Rd
Cobble Hill, BC
V0R 1L3
www.drwickland.com

New Bowen Patient Questionnaire

General Information

Name: _____ Date of First Visit: _____
PHN (care card) # _____ Extended Health: _____
Address: _____
Telephone # (home): _____Telephone # (work or cell): _____
Email address: _____ Birthday: _____
Occupation: _____

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

Emergency Contact
Name:_____ Relationship: _____
Phone #: _____

How did you hear about Dr. Wickland? _____
Do you currently have an active ICBC or WCB claim? _____
Are you on Premium Assistance (MSP)? _____
Occupation:_____

Hobbies/sports/activities:

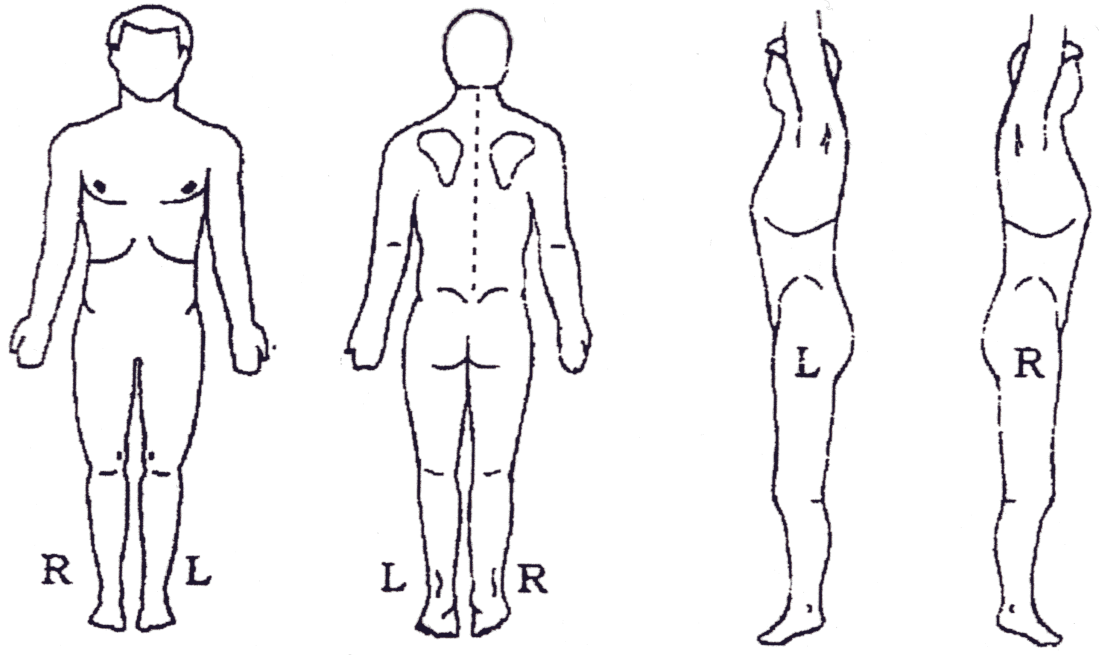
What are your health concerns, in order of importance to you:
1.
2.
3.
4.
5.

Previous or current treatments for the above conditions:

Are you interested in learning more about what naturopathic medicine options for your health:
____ No thanks, I just want a Bowen treatment
____ Yes, I'd like to know what else you think might help me

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

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



Informed Consent

Patient information

- ✓ The Bowen Technique is a specific series of muscle and connective tissue movements designed to treat a wide range of conditions and injuries. It addresses both the musculoskeletal and internal organ systems. The technique involves a sequence of gentle moves and short breaks that allow the body to integrate the neurological information it has received.
- ✓ Appointments are 30 – 60 minutes and are most effective when scheduled a week apart.
- ✓ Procedures are best done in loose comfortable clothing. Appropriate draping techniques will be used when clothing removal is required.
- ✓ Visit cost is $85/hour and will be paid by cheque, cash, debit or credit card on the day of treatment.
- ✓ Please give 24 hours notice for visit cancellation.

Consent

I hereby consent to Bowen treatment from Dr. Karina Wickland, ND. I understand this consent is voluntary and may be revoked at any time. I understand the information provided above and accept responsibility for prompt payment for treatments.

Signed: _____ Date:_____