

Ear Candling Client Intake Form



Advance
Detox
Center

Colonic Hydrotherapy for Men & Women

General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Do you want appointment reminders? Yes No

Email

What are your intentions/expectations for this visit and what are your concerns?

How did you hear about us?

Medical History

Please check all that apply:

- | | | |
|--|------------------------------|-----------------------------|
| Have you ever had Ear Candling before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a perforated ear drum? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had recent ear or sinus surgery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have drainage tubes placed in ear drums in the past or present? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any inflammation of the outer ear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a skin disease in or around the ear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you experiencing fluids draining from the ear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any bleeding from the ear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Contraindications: Ear Candling is not suitable for everyone, if you have marked "YES" to any of the above questions, we recommend that you do not participate in Ear Candling. If you have any other concerns regarding Ear Candling for health reasons, we recommend that you consult your primary care doctor.

Do you wear a hearing aid? Yes No

If "YES" you will have to remove your hearing aid prior to your treatment.

Please circle any symptoms you are currently experiencing:

Earaches Swimmer's ear Headaches Excessive Ear Wax Ringing in Ears Hearing loss

Do you have any allergies? Yes No If yes, please explain:

I understand and take full responsibility for my own health and well-being, Ear Candling is designed as a health aid and is no way to take place of a doctor's care when it is indicated. I have checked "YES" if I have any of the following contraindications and discussed with the therapist my conditions. If during the session I feel generally unwell, lightheaded, dizzy, or uncomfortable, even in the slightest, I am responsible for immediately stopping my session by notifying the therapist. Information exchanged during any Ear Candling session is for educational in nature and should be used at your own discretion.

Signature

Date