PURE OASIS DAY SPA

1007 SOUTH FIFTH ST. ST. CHARLES, MO 63301

EAR CANDLING INTAKE & CONSULTATION

PERSONAL INFORMATION

Name: _____ DOB: ____/____/_____ Date of Consult: ____/____/_____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Email Address: _____ Gender: ☐ M ☐ F ☐ O

How did you hear about us? ☐ Facebook ☐ Instagram ☐ Other _____

Emergency contact name: _____ Phone number: _____

Relationship to you _____

MEDICAL HISTORY

Are you currently taking any medication or supplements? Yes ☐ No ☐

Do you have any allergies or intolerances? Yes ☐ No ☐

DO ANY OF THE FOLLOWING APPLY TO YOU? PLEASE CHECK ALL THAT APPLY.			
☐	*Ear infection*	☐	*Cysts in the ears*
☐	*Acute otosclerosis*	☐	*High blood pressure*
☐	*Grommets or tubes in the ear*	☐	*Cochlear implants*
☐	*Recent surgery on the ears or sinuses or anywhere on the face*	☐	*Inflammation of the ear or the areas around the ears*
☐	*Perforated ear drum*	☐	*Mastoiditis*
☐	*Allergy to beeswax*	☐	*Difficulty breathing*

Add any additional notes/comments regarding your medical history/condition below

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EAR CANDLING CONSENT FORM

	Please read each statement carefully and check (✓) box to show your agreement
	I accept that any treatment I am going to receive is at my own risk.
	I certify that I have read and fully understood and completed this form to the best of my knowledge.
	I understand that failure to disclose information requested above may result in adverse side effect(s) and therefore I accept full liability/responsibility for the information given.
	The treatment(s) and possible side effect(s) have been fully explained to me.
	I accept full responsibility for the treatment given and complications which may arise or result during or following any procedure that is performed at my request.
	I accept that if I am not satisfied with the treatment I will inform the therapist and/or request to speak to the manager during or immediately following the treatment.
	I fully understand the above and consent to receive Ear Candling Therapy.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT AND ALL THE INFORMATION DETAILED ABOVE

Client		*Employee*	
Name		*Name*	
Signature		*Signature*	
Date		*Date*	