

## Client Record Card - Ear Candle Treatment Report

<b>Client</b> _____ <b>Treatment no</b> ____ <b>Date</b> _____		
Name Address Postal Code	Telephone No. DOB	
Any Contra Indications etc:		
Treatment indications	Finding from Candle Left Ear	Finding from Candle Right ear
Client Feedback		
Recommendation for following treatment		

<b>Treatment no</b> ____ <b>Date</b> _____		
Clients report from previous treatment or any particulars to take note of.		
Treatment indications.	Finding from Candle Left Ear	Finding from Candle Right ear
Client Feedback		
Recommendation for following treatment		

<b>Treatment no</b> ____ <b>Date</b> _____		
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Treatment indications.	Finding from Candle Left Ear	Finding from Candle Right ear
Client Feedback		
Recommendation for following treatment		