

# Client Consultation Form

The following information is required for your safety & to benefit your health.

All information will be treated in the strictest of confidence & will not be discussed or passed onto a third party.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile No. \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

There are several situations in which it is strictly **not** advisable for Hopi Ear Candle treatment to take place. The client will need to be referred to a medical practitioner if in any doubt regarding any condition that is present.

## **Contraindications**

- A perforated ear drum
- The lack of eardrum
- Ear grommets or tubes
- Eczema or Dermatitis in the outer ear
- A Cochlear implant
- A Current or recent infection to the outer ear
- Acute infectious diseases
- Diarrhoea and / or vomiting
- Under the influence of drugs or alcohol
- Recent head or neck injury
- Skin or scalp infections
- High temperature, fever or heavy cold

## **Precautions**

- Oil has been placed in ear.
- Allergic reactions or intolerance to beeswax or constituents of the earcandle.
- Low blood pressure
- Toothache or recent dental work
- Pregnancy

Any contraindications present?      YES / NO

## **Client declaration**

Hopi Ear Candle Therapy includes massage to the face and eye area which the client receives in a reclining position and fully clothed. Ear Candling is not a substitute for adequate and appropriate medical care. No claims are made for this therapy.

My ear candle practitioner has answered all on my questions regarding this treatment to my satisfaction. I understand that I can stop the treatment at any time as may my therapist. I declare that the information I have given is correct and as far as I am aware I can undertake ear candle treatments without any adverse effect. I understand that the therapist holds no responsibility for any adverse reactions to this treatment or any subsequent treatments undertaken. I also understand that I am responsible for my own health, safety & well being.

**A parent or guardian must sign for any person under the age of 16 years old.**

**Client Signature**

**Date:**