

Client Information and Consent: Ear Candling

Please print clearly.



First Name _____ Last Name _____ (Circle One: Mr / Mrs / Ms)

Address _____

City _____ State _____ Zip _____

Day Telephone _____ Evening Telephone _____

Email _____ Date of Birth _____

Occupation _____ Referred By _____

In case of emergency, contact: _____
 Name _____ Phone _____ Relationship _____

Are you a member of the Wilfred R. Cameron Wellness Center? Yes No

How did you hear about Spa Harmony? _____

Are you interested in receiving lifestyle recommendations, i.e., exercise, sleep and general health suggestions? Yes No

We may use mailing information for internal business or marketing purposes.

THE WELLNESS SPA AT
 WILFRED R. CAMERON WELLNESS CENTER
 OF THE WASHINGTON HOSPITAL

 240 Wellness Way
 Washington, PA 15301-9697
 724.250.5238
 www.spaharmony.org

Please check appropriate box and make comments as necessary.			
	YES	NO	COMMENTS
1. Have you ever had an ear candling/thermo-auricular therapy before?			
2. Are you currently under a physician's care for ear, nose or throat? If so, list Physician's Name/Phone			
3. Have you been diagnosed with any of the following conditions?			
Eardrum damage (perforation, bleeding, puncture, rupture)			
Ear Tubes			
Congenital Hearing Loss			
Ankylosis of the Stapes			
Acute Mastoiditis			
Recent surgery of ears, nose, throat, sinus			
4. Do you have problems with any of the following conditions?			
Sinusitis			
Excessive ear wax buildup			
Tinnitus (ringing)			
Vertigo			

I (please print) _____, understand that ear candling/thermo-auricular therapy does not take the place of medical care. It is for purposes of relaxation and discomfort associated with ear, nose and/or throat. I understand that the therapist does not diagnose illness, disease or any other physical or mental disorder. I understand that the information that I have provided will be used in a manner consistent with the Notice of Privacy Practices at The Washington Hospital (Privacy Notice). I have been offered the opportunity to read the Privacy Notice.

Signature _____ Date _____