



## ALIST WELLNESS CENTER LLC

2333 Morris Ave. B 208 Union NJ 07083

[www.alistwellnesscenter.com](http://www.alistwellnesscenter.com) / [tsila@alistwellnesscenter.com](mailto:tsila@alistwellnesscenter.com) / 973-9124448

### EAR CANDLING CLIENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_ work: \_\_\_\_\_ email: \_\_\_\_\_

Referred or Recommended By: \_\_\_\_\_ Name: \_\_\_\_\_

What is your general condition of health? Good \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

Have you had any serious illness? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what? \_\_\_\_\_

Are you currently being treated by a doctor, chiropractor or other practitioner? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, for what? \_\_\_\_\_

Do you wear a hearing aid? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Have you ever had an ear cleaning? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Primary goal/Concern for Ear Candling \_\_\_\_\_

**SYMPTOMS:** Check symptoms you currently have or have had in the past.

Ear Aches \_\_\_\_\_ Swimmer's Ear \_\_\_\_\_ Ear Discharge \_\_\_\_\_ Allergies \_\_\_\_\_ Headaches \_\_\_\_\_

Sore Throats \_\_\_\_\_ Loss of Hearing \_\_\_\_\_ Migraine Headaches \_\_\_\_\_ Ringing in Ears \_\_\_\_\_

Excessive Ear wax \_\_\_\_\_ Sinus Problems \_\_\_\_\_ Dizziness \_\_\_\_\_ Other \_\_\_\_\_

I certify the above information is correct of the best of my knowledge. I will not hold the Ear Candler responsible for any errors or omissions that I have made in the completion of this form. I understand the Ear candling service is designed to be a health aid and is in no way to take the place of a doctor's care when it is indicated. Information exchanged during any Ear Candling session is educational in nature and should be used at your own discretion. All Client information is held in strict confidence.

This is an **Old Home Remedy**. The person receiving the Ear Candling assumes full responsibility. The Manufacturer or Sellers are not Liable for any claims, costs or damages resulting from use of the Candles.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**CLIENT REGISTRATION INFORMATION**

In order to serve you properly, we will need the following information. (Please print)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_\_\_ M / F \_\_\_\_\_ Date Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer \_\_\_\_\_ Your occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of person: \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**CLIENT REFERRAL INFORMATION**

Referred by: \_\_\_\_\_ If referred by a friend, may we thank her or him? Yes \_\_\_\_\_ No \_\_\_\_\_

Doctor \_\_\_\_\_ Referral \_\_\_\_\_ Website \_\_\_\_\_ TV \_\_\_\_\_ Google \_\_\_\_\_ Yahoo \_\_\_\_\_ Other \_\_\_\_\_ FB \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Cancellation Policy:** Cancellations or changes to scheduled appointments must be made 24 hours in advances of the scheduled appointment. Otherwise, you will be billed for the cost of service as a cancellation charge. Any check returned for insufficient funds will be subject to a \$35.00 processing fee.

If you calling after business hours, please leave a message on our voicemail indicating your appointment cancellation. The same charge applies for missing appointment

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **EAR CANDLING CLIENT INFORMATION**

#### **What you can expect during and after the Ear Candling session.**

During the Ear Candling session, you will only feel the candle being carefully inserted in your ear. You may hear some cracking and popping when ear wax is being loosened. Just relax and enjoy the face and neck massage done during the Ear candling session.

If the patron has excessive hearing loss, they may feel more heat during the Ear Candling session since their feeling senses are keener. If the heat becomes uncomfortable, at your request, the Ear Candler will stop the procedure and continue when you feel it is appropriate.

After the Ear Candling session, you may feel lightness in your head and noises may appear to be much louder to your ears. This can be relieved by putting a little ear oil on some cotton and inserting it in the ears. You will find that your hearing has improved as most likely, the blockage of wax gone.

You may feel warmth or itching in the ears. This can be relived by putting a drop of two of Hydrogen Peroxide in the ears for a day or two after the Candling session, then wipe them out with a cotton swab. The Hydrogen Peroxide will continue to clean the ears and the itching will stop. You may use this same procedure with Echinacea liquid or Colloidal Silver instead of Hydrogen Peroxide.

You may find your sinuses are draining or the drainage has increased. This will relive the pressure in your sinus areas and sinus headaches should decrease. The senses of taste, smell and sight may also be increased.

Twice a year we all have our teeth cleaned to keep our mouths healthy. Why not keep our ears healthy with an Ear Candling session? Use your own judgment as to how often you need or have Ear Candling session.

This is an [Old Home Remedy](#) and no claim is made for any cure of any disease or ailment.