



ALIST WELLNESS CENTER LLC

www.alistwellnesscenter.com / Email: tsila@alistwellnesscenter.com / 973-912-4448

This facility does not claim to cure or treat any condition or disease

EAR CANDLING CLIENT INFORMATION

Last Name _____ First Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip code _____

Home Phone _____ Cell _____ email _____

How did you hear about us? Search Engine _____ Referral _____ Other _____

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.

Earaches _____ Swimmer’s Ear _____ Ear Discharge _____ Allergies _____ Headaches _____

Sore Throats _____ Loss of Hearing _____ Migraine Headaches _____ Ringing in Ears _____

Excessive Ear wax _____ Sinus Problems _____ Dizziness _____ Surgery _____

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 Liabile for any claims, costs or damages resulting from use of the Candles.

Signature _____ Date ____/____/____



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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 relieved 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 relieve 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.

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