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SUNSHINE SPECIALTIES INC
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CONFIDENTIAL INTAKE & CONSENT FORM. Welcome. Please provide as much information about yourself as possible so we can best serve you. If you have any questions, please let us know.

Name: _____ Today's Date: _____
Address: _____ Birthdate: _____
City/State/Zip: _____ Home Phone: _____ Cell Phone: _____
Email: _____ Twitter: _____
Occupation: _____ Female _____ Male _____
Additional Information: _____

How did you hear about Sunshine Specialties, Inc?

____ Drove By ____ Brochure ____ Radio ____ Newspaper ____ Internet ____ Yellow Pages
____ Referred By: _____

Which services interest you?

____ Body & Face Wraps ____ IN.FORM Burn Fat Be Fit Classes ____ Iridology
____ Energy Spa Detox & Sauna ____ Herbs & Nutrition ____ Books & Seminars
____ Massage & Reflexology ____ Blood Chemistry Profiles ____ Wholesale Pricing

Would you like to receive by MAIL or E-MAIL a newsletter regarding herbs, vitamins, product specials, future seminars and special events? YES NO

As a personal health precaution, please answer the following as completely as possible:

1. Do you currently have or have you had any of the following allergies:
____ Skin ____ Perfume ____ Ragweed ____ Pollen ____ Iodine/Seafood ____ Peanut ____ Food (_____)
2. Please list all drugs or medications currently taken regularly (prescription, over-the-counter, recreational). Please name each one as best you can, what it is for and approximately how long you have taken it.

Note: Drug information is used to better assess drug-induced nutrient deficiencies and to reduce the likelihood of causing undesired herbal, nutritional or therapy interactions. We will not be responsible for discontinuing any medication. If you wish to reduce prescriptions, it is up to you and a licensed physician to assess health status & make these decisions.

3. Please list all surgical operations and approximate year it occurred: _____

4. Have you had any major injuries or fractures? ____ No ____ Yes (please list): _____
Any within the last 3 months? Describe: _____

5. Women - - - Are you currently pregnant or nursing? ____ No ____ Yes
Note: We require a signed doctor's release for wrap services if you are pregnant.
Massage, Tanning, Sauna and E-spa services are not available to pregnant clients! All other services are available.

6. Height: _____ Weight: _____ Eyes: Blue Green Hazel Brown
Heritage / Race: _____ Blood Type: A B AB O

7. If under professional care, please list name and city of:
Medical Doctor _____
Medical Specialist _____
Naturopathic Physician _____
Chiropractor _____
Other _____

8. Have you ever tested positive for either HIV or Hepatitis? ____ No ____ Yes
Note: We reserve the right to refuse certain personal care services to carriers of Hepatitis-C or the HIV virus.
Please continue to the other side. Thank you.

Continued from Page 1: Answers to Health Questions assist your self-health education process and are kept confidential.

9. Health Habits:

Do you smoke or use tobacco? _____ If so, what, and how many daily? _____

How many glasses each day? _____ water _____ juice _____ coffee/tea _____ soda
 _____ alcohol _____ caffeinated _____ diet

How many bowel movements? _____ 2-3x day _____ 1x day _____ 2x week _____ 1x week or less

Do you take a multi-vitamin? _____ never _____ sometimes _____ daily type: _____

Do you exercise? _____ never _____ 2-4x weekly _____ daily type: _____
 length: _____

10. Please list your number one health priority.

What have you found (if anything) that has helped with this priority?

11. Please list all other symptoms or concerns you have had over the years that are not 'perfect health.'

List all medical diagnoses, as well as seemingly unrelated problems that trouble you on a regular basis (even those problems you may have shrugged off as "just getting older").

12. Please list all herbal or nutritional products you currently take on a daily basis:

Please take the time to carefully read the following informed consent agreement and sign below.

- > I am aware that I am free to make all decisions relating to my health, no matter how large or small. I affirm that all statements concerning myself are true and correct.
- > I clearly state my purpose here is to receive services and information as a self-education process to build my own well-being. I fully understand and acknowledge by my signature below that all services and information given by Sunshine Specialties Inc and its management and employees are for my personal educational purposes and are not a diagnosis or treatment of any medical condition. Should such treatments be desired, I will seek the appropriate licensed professional. I am aware that nutritional choices and medical treatments can usually be coordinated to work in a complementary fashion for my best interest, and it is my decision how and when to use either service.
- > I understand that building better health using knowledge of my own genetic constitution, historical herbal nutrition, and other natural therapies, while very scientific, is not an exact science. I accept it is a series of lifestyle choices, and I have received no guarantees regarding the outcome of my choices. I understand that while no single person or therapy except my Creator is capable of healing, the utmost care and attention will be given to my information and recommendations will be made in accordance with the historical and scientific knowledge available at the time to best facilitate the natural restorative process of the human body. It will always be my own personal decision to follow a recommendation or not to follow it, and by using any such services or information, I release Sunshine Specialties Inc and it's management, employees and independent contractors from all responsibility for the outcome.
- > I also understand that those serving me will continually seek to better their skills and knowledge as part of their commitment to excellence in assisting my lifelong health education. In requesting future services, I will update them on any changes to my health status, whether positive or negative, to assist in further development of their knowledge.
- > I wish to make clear I am not on a mission of entrapment for any source, nor am I affiliated with any type of occupational regulatory board. (Or, I am affiliated with this regulatory board: _____)
- > I realize that to imply, suggest or request any sexual service during my visit is a violation of Indiana Code 35-45-4-3 and is punishable by Law and will result in the immediate termination of a session in progress, with full payment due.
- > If I apply the knowledge gained, I am exercising God-given and constitutionally protected freedom of choice.
- > **My signature affirms my choice to contract with the above and pay for all services & products received. I am also responsible for payment of my appointment cancellations of less than 24 hours and missed appointments.**

Signature: _____ Date: _____

Consent Signature of Parent or Guardian if minor: _____