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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 \_\_\_\_\_

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: \_\_\_\_\_

Any within the last 3 months? Describe: \_\_\_\_\_

4. Have you had any major injuries or fractures? \_\_\_\_ No \_\_\_\_ Yes (please list): \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_ 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  
Do you take a multi-vitamin? \_\_\_\_\_ never \_\_\_\_\_ sometimes \_\_\_\_\_ daily type: \_\_\_\_\_  
How often 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. Have you ever had *Victoria Morton's Suddenly Slender The Body Wrap*? **No** **Yes**  
If Yes, where and when was your last wrap received? \_\_\_\_\_

12. Have you ever experienced feelings of *claustrophobia (fear in small spaces)*? **No** **Yes**

13. If needed, are you willing to modify your food and drink choices and exercise and take responsibility for one pound per week weight loss? \_\_\_\_\_ No \_\_\_\_\_ Yes

14. Areas of my body I would like to change with the Body Wrap. I would like my:

FACE: cheeks: \_\_\_slimmer \_\_\_defined \_\_\_more full \_\_\_they're fine, thank you  
lips: \_\_\_slimmer \_\_\_more full \_\_\_they're fine, thank you  
chin / jawline: \_\_\_slimmer \_\_\_defined \_\_\_it's fine, thank you  
TORSO: upper arm: \_\_\_slimmer / tighter \_\_\_more defined \_\_\_they're fine, thank you  
bust / chest: \_\_\_decreased \_\_\_firmed \_\_\_increased \_\_\_it's fine, thank you  
waist / sides: \_\_\_slimmer \_\_\_defined \_\_\_it's fine, thank you  
tummy: \_\_\_slimmer \_\_\_lifted \_\_\_it's fine, thank you  
LEGS: hips/buttocks: \_\_\_slimmer \_\_\_lifted \_\_\_it's fine, thank you  
thighs: \_\_\_slimmer \_\_\_smoother \_\_\_they're fine, thank you

17. I am currently a size: \_\_\_(pant) \_\_\_(shirt) and I would feel best as a size: \_\_\_(pant) \_\_\_(shirt)

**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 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 and acknowledge by my signature below that I am wrapped at my own risk and that Suddenly Slender, the Body Wrap, its Licensed Centers, Center Owners, Licensor, Agents, Management and employees assume no liability of any kind whatsoever.

> 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, Donna Yoder and Desiree Sunshine Yoder from all responsibility for the outcome. > I also understand that if I apply the knowledge gained, I am exercising my God-given and constitutionally protected freedom of choice.

> 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.

> I am responsible for paying for my appointment cancellations of less than 24 hours and any missed appointments.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent Signature of Parent or Guardian if minor:** \_\_\_\_\_

**THANK YOU. PLEASE ENJOY YOUR REFRESHING HEALTH SERVICES!**