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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.

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!