

AROMATHERAPY CLIENT INTAKE FORM





Aromatherapy Intake Form

Use this form to fill in your health history and any concerns you have regarding any conditions or diseases you want to address. Please note any medications or prescription drugs you are taking. We need this information to assist you in choosing the best essential oils for your self-care. Keep in mind, all information we provide on our website or in written materials as well as in phone and email consultations is for educational purposes only, and is not intended as a substitute for medical advice by your healthcare professional or physician. Use of the information provided by Aroma Hut Institute or Rebeca Park Totilo shall be at the client's discretion and will be the sole responsibility of the user.

First Name:

_____ Last Name: _____

Date of Birth:

____ / ____ / ____

Address:

City:

_____ State: _____ Zip: _____

Phone Number:

_____ Email: _____

1. *How would you describe your overall health?*

2. *What are you hoping essential oils can do for your health?*

3. *Do you have any chronic illnesses? If yes, what type of condition?*

4. *How long have you been aware of this condition?*

5. *What type of treatment(s) have you tried?*

6. *What has helped?*



7. *What symptoms are most difficult for you?*

8. *Do you have any acute conditions you would like to address?*

9. *Please list any allergies:*

10. *Are you pregnant or trying to become pregnant?*

Yes No

11. *Do you have epilepsy?*

Yes No

12. *Do you have high/low blood pressure?*

Yes No

13. *Which oils or aromas are you drawn to?*



14. *Do any oils or aromas disturb you?*

15. *Are you under the care of a physician? If so, please list the condition(s) you are being treated for:*

16. *Please list any medications you are taking:*

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Since essential oils should not be used under certain circumstances, I affirm that I have truthfully answered all questions pertaining to my health on the Aromatherapy Intake Form. *Please sign below.*

Signature: _____

Date: _____ / _____ / _____

