



In this course, we covered making aromatic and therapeutic blends for treating sicknesses and diseases. You will find most people are interested in finding answers to their health concerns and are seeking an alternative to prescribed medicines. As you have learned, therapeutic grade essential oils do offer us a great option to meds!



For those who would like to pursue a career in aromatherapy as a Certified Aromatherapist, performing a case study will give you an opportunity to start your practice. In this activity, you will use this intake form just like you would if you were practicing clinical aromatherapy.

Use this form to collect data for your client (this can be yourself or a friend). It is important to get as much health history as possible in guiding users on which essential oils will benefit them. With this information, write up a case study (using the 2nd form that follows) for a prescribed treatment plan using essential oils. Feel free to ad lib if you do not have a “health issue” or a friend willing to volunteer.

Aromatherapy Intake Form

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:*

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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: _____ / _____ / _____

