

# Aromatherapy Intake Form

## Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

## Medical History

Current Chronic Conditions: \_\_\_\_\_  
Current Acute Conditions: \_\_\_\_\_  
Most Problematic Symptoms: \_\_\_\_\_  
Treatments: \_\_\_\_\_ Effective? \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Recent Surgeries: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Are you pregnant?  Yes  No      Trying?  Yes  No      Breastfeeding?  Yes  No  
Do you have epilepsy? \_\_\_\_\_ High/low blood pressure? \_\_\_\_\_ Hours sleep per night: \_\_\_\_\_  
Exercise Activities: \_\_\_\_\_ Hours per week: \_\_\_\_\_

## Aromatherapy

Reason for Visit: \_\_\_\_\_  
Most Pleasing Scents/Oils: \_\_\_\_\_  
Least Pleasing Scents/Oils: \_\_\_\_\_  
Allergies/Irritations to any Scents/Oils: \_\_\_\_\_  
Other Information: \_\_\_\_\_  
Concerns: \_\_\_\_\_

I understand that Essential Oils are for external use only, and must be kept in a cool, dark place. I will stop using Essential Oils if they cause skin irritation or other unpleasant reactions. I understand that Essential Oils are **not** for use on infants under the age of one year, and should be used with caution on children under the age of five years.

I hold my aromatherapist harmless for any and all injuries, reactions, or illnesses resulting from these aromatherapy sessions or provided products.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date