*Uniq Creations – Holistic Wellness Practice*

* *Intake / Client Consent Form*

EMOTIONAL: FEELINGS/ MOOD/ SENSES PHYSICAL: MUSCLES/ TISSUE/ JOINTS/ BONES

MENTAL: SLEEP/ ENERGY/ BRAIN

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MEDICAL INQUIRY: INJURIES/ SURGERIES/ ALLERGIES/ SYMPTOMS & PATHOLOGY HISTORY

AROMATHERPY INQUIRY:

HAVE YOU EXPERIENCED ESSENTIAL OIL THERAPY/SESSIONS?

WHAT IS YOUR FAMILIARITY? ZERO / SOME / DEVELOPING / ADVANCED

SKIN SENSITIVE OR ALLERGY TO ANY ESSENTIAL OILS THAT YOU KNOW?

SENSITIVITIES OF ANY KIND? FEET / LEGS / HANDS / ARMS / NECK / JAW / EARS / FACE