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: Kim Last Name: Lozada

Date of Birth: / /

Address: 135 Bornean Drive

City: Garner State: NC Zip: 27529

Phone Number: 919-673-6023 Email: kim.lozada1@gmail.com

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

Basically good, but could improve.

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

balance hormones, improve fatigue

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

adenomyosis, high blood pressure

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

about 13 years

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

prescription meds, diet

6. *What has helped?*

both, although I have not stuck to the diet (no gluten, no parabens or sulfates)

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

menorrhea, abnormal uterine bleeding, fatigue, pain

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

all of the above

9. *Please list any allergies:*

penecillin

sulfa

10. *Are you pregnant or trying to become pregnant?* Yes [ ] No [X]

11. *Do you have epilepsy?* Yes [ ] No [X]

12. *Do you have high/low blood pressure?* Yes [X] No [ ]

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

lemon

orange

lavender

peppermint

cinnamon

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

oregano

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

adenomyosis and high blood pressure

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

progesterone

necon

almodopine

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: Kimberly Lozada Digitally signed by Kimberly Lozada Date: 2018.03.13 13:30:32 -04'00'

Date: / /