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: Robbie Last Name: Lozada

Date of Birth: / /

Address: 135 Bornean Drive

City: Garner State: NC Zip: 27529

Phone Number: 919-521-1698 Email: travelingservant1@gmail.com

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

Diagnosed with Diabetes. Good health otherwise.

DOB: 9/1/1974 (the form wouldn't let me input above)

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

work to heal the pancrease and regulate blood sugars

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

just diabetes

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

10 years (approx)

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

prescription meds

6. *What has helped?*

prescription meds and exercise

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

low sugar, fatigue

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

No

9. *Please list any allergies:*

None

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 [ ] No [X]

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

Cinnamon

peppermint

lemon

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

some do not smell the best, but no.

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

yes, for diabetes

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

Jaurdiance

Metformin

Pravastatin

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: Roberto Lozada Digitally signed by Roberto Lozada Date: 2018.03.13 13:02:12 -04'00'

Date: / /