

Aromatherapy/Energy Healing Consultation Form

Please Put your Personal Information on this page and sign the bottom

Your Practitioner _____

Your Name _____ Address _____

Telephone _____ Age _____ Email _____

Living Situation _____ Occupation _____

Spiritual Practice _____ Physician _____

Other health providers _____

Presenting Concern/Issue _____

(This box is for the practitioner to complete)

Mutual Goals: _____

Medical History:

Heart _____ Liver/gall bladder _____ Kidneys _____

Thyroid _____ Nervous system _____ Headaches _____

Stomach _____ Pancreas _____ Colon _____

Lungs _____ Back and joints _____ Reproductive system _____

Surgeries _____

Accidents _____

Current Medications _____

Systems Assessment:

Appetite _____ Digestion _____ Respiratory _____

Lymphatic _____ circulation _____

Skin: Normal _____ Dry/sensitive _____ Oily _____ combination _____

Other skin conditions _____

Muscular-skeletal injuries _____ Stiffness _____ Pain _____

Arthritis _____ Menstrual cycle: regular _____ Dysmenorrhea/PMS _____

Menopausal difficulties _____

Male: Prostate _____ Impotence _____ Other _____

Stress Level: (tell me about your stress level at home and at work) _____

Self Care Activities: (What do you do to deal with your stress level) _____

Client Signature _____ date _____

Energy Assessment:

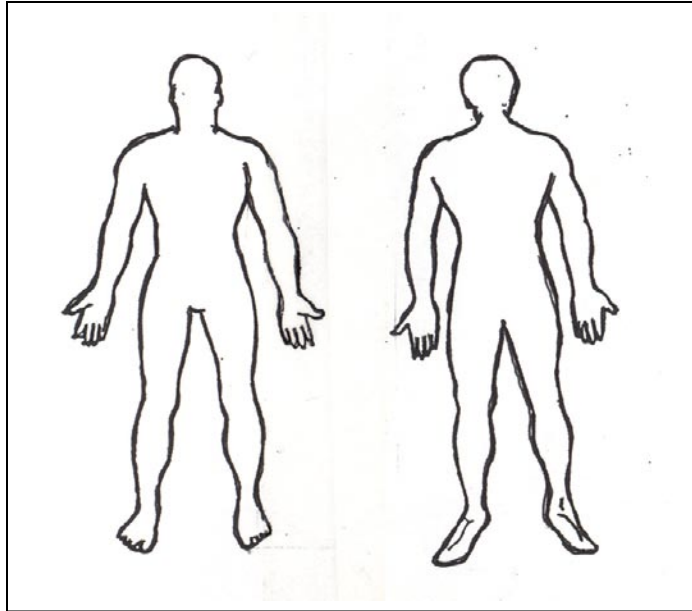
Energy Center data before session

- 7
- 6
- 5
- 4
- 3
- 2
- 1

Energy Center data After Session

- 7
- 6
- 5
- 4
- 3
- 2
- 1

C=Clockwise; CC=Counterclockwise
H=Heat; C=Cold



Interventions—Briefly describe what interventions were done for the client in the order in which they were completed. Include rationale for these actions. Identify YOUR participation in this experience (what did you do and why?)

Prayers (Intentions) Offered: Verbal Silent

Healing Techniques Used and Why: _____

Healing Oils Used and Why: _____

Blends created: _____

Method of application: _____

Relate your experience during the session: (What did you notice, sense, feel, intuit with the client or yourself)

What was the client's experience (in their own words)

Suggested homework and reason:

Recommendations/Referrals: _____

Next Appointment:

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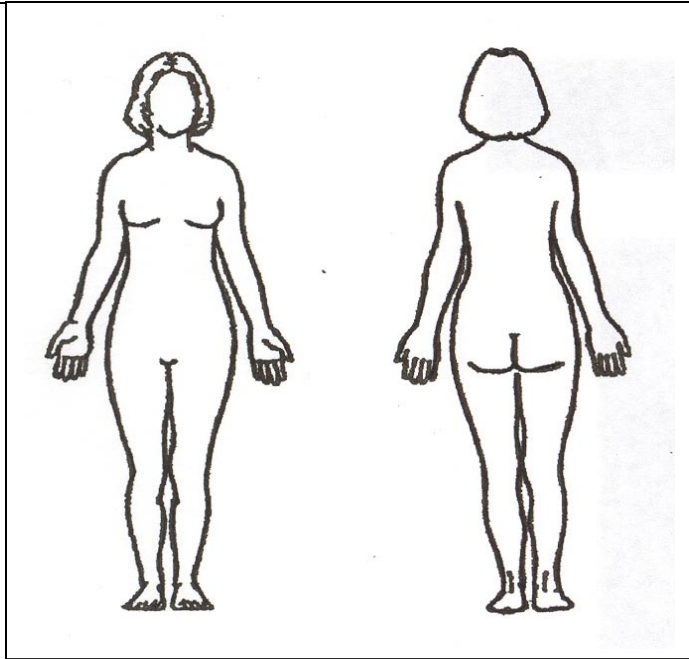
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