

## Consultation Form

This consultation information is only to help me understand where you are and how I may help you the most. It is not shared with anyone else. The purpose is to give you and me clarity and focus about the purpose of the consultation.

Please use the end of the form for additional information you would like me to know, to better understand your goals. Then email to [info@TouchWithOilsInstitute.com](mailto:info@TouchWithOilsInstitute.com) . Please return prior to appointment time.

Thank you,

Candace Newman MAT, LMT, The Oil Lady®

[www.TouchWithOilsInstitute.com](http://www.TouchWithOilsInstitute.com)

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Name:

Full Address:

Phones:

Fax:

Email Address:

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Birth date:

Height:            Weight:

Occupation:

Hobbies:

Marital Status:

Number of children (ages) and grandchildren:

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What would you like Aromatherapy and essential oils to help you with?

How have you used Aromatherapy before? If so, what oils and how have you used them.

What are your favorite smells?

What are your least favorite smells? Do any bring up memories?

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Describe weekly exercise:

Where do you hold your stress (such as: stomach, back, neck, head, etc):

Describe your way of eating (what you eat and don't eat or drink):

Smoking or alcohol use:

List any allergies or respiratory conditions:

Pertinent surgeries, illnesses or accidents:

Regular medications:

Vitamins or Herbs:

Describe the following with 1-2 words: Stress level\_\_\_\_\_ Quality of Sleep \_\_\_\_\_

Energy level\_\_\_\_\_ General Health\_\_\_\_\_ Digestion \_\_\_\_\_

Skin conditions\_\_\_\_\_

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Additional Information: