



If you have any specific issues you are trying to address, please contact me to schedule a consultation via email, phone, or in person. Based on your Personal Client Assessment I will develop a specific aromatherapy treatment plan that meets your individual needs. The Client Assessment Form is easily completed and allows me to consider your particular needs.

Remember that essential oils are not just appealing scents, and will not affect every person in the same way. A Registered Aromatherapist such as myself has studied the possible effects of the oils, and will always recommend that these blends are not intended to take the place of any medical treatment or the advice of a medical professional. Registered Aromatherapists believe that aromatherapy is just one part of an holistic approach to an individual's health, and I am happy to work in consultation with other health care providers.

Normally, I can complete my analysis of your Assessment in an hour or less. My fee is \$45 an hour for the first two hours, with a minimum of one hour. Additional hours are \$30/hr. Personal clients receive a 10% discount on any purchases made within 30 days of my response to their Assessment. Payment is in advance, by personal check, Visa or MasterCard. You can send me your completed Assessment Form by mail if you are paying by check, or by fax or as an email attachment if by credit card. For credit card payment, please include the credit card name, account number, security number (usually on the back), expiration date, card holder name and address.

Feel free to call or email me if you have questions!

*Essential oils are used at your own discretion and I am not liable for any complications or problems arising directly or indirectly from the use or misuse of these products.*

***Scroll down to see the Personal Client Assessment Form.  
To print it, right-click on the form and  
choose Print from the drop-down menu.***

**Botanical Healing Arts Client Assessment Form**

Name \_\_\_\_\_ Street address \_\_\_\_\_

City, state and zip \_\_\_\_\_ Primary phone ( ) \_\_\_\_\_

Other phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Occupation \_\_\_\_\_

Physician \_\_\_\_\_ Last visit \_\_\_\_\_

Reason for visit \_\_\_\_\_

Existing medical conditions \_\_\_\_\_

Medications \_\_\_\_\_

Any history of serious illness or accidents  yes  no If yes, describe \_\_\_\_\_

Describe any history of the following: heart problems, blood pressure, swelling, headaches (describe type, how often and duration), allergies, epilepsy, difficulty breathing, circulation, joint problems, digestive problems, menstrual( PMS or menopause), skin problems, back or neck problems or pain in any area.

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Client’s reason for aromatherapy consultation \_\_\_\_\_

On a scale of 1(minor) to 10(serious), how serious do you consider your problem? 1 2 3 4 5 6 7 8 9 10

Rate the following according to the effect on you. 1 is little or no effect; 10 is a serious problem.

Stress level 1 2 3 4 5 6 7 8 9 10

Energy level 1 2 3 4 5 6 7 8 9 10

Quality of sleep 1 2 3 4 5 6 7 8 9 10

General Health 1 2 3 4 5 6 7 8 9 10

Is your weight average, over, or under for your age and build \_\_\_\_\_

Do you have any emotional conditions you would like to address \_\_\_\_\_

How are you feeling now? \_\_\_\_\_

What would you like the essential oils, blends or products to address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

***Mail this form with your check for \$45 to Botanical Healing Arts, 214 E. Newkirk St., Tuscola, IL 61953 or fax it with credit card information to 217 253-6760.***

***Click the Back arrow or Back button on your browser to return to our home page. Thanks!***