

Aromatherapy by Sylvie Hamilton
The Gingerbread House Centre for Health
Black Lion Hill Shenley
Herts WD7 9DE
(T) 01923 852 852 (F) 01923 857 282 (E) www.thegingerbreadhouse.com

Client Consultation Sheet (aroma.form1)

Personal Details

Name _____ Title: _____
Mr/Mrs/Miss/Other _____
Address _____

Tel. number _____ Mobile Number _____

Date of Birth _____

Occupation _____

Doctor's Name _____

Permission to contact Yes/No (please circle)

Address _____

Tel. Number _____

Medical Details

Are you taking any medication? Yes/No (please circle)

Details _____

Do you suffer or have you ever suffered from any of the following?

Heart Condition Yes/No _____

Thrombosis/Embolism Yes/No _____

Recent head/neck injury Yes/No _____

High Blood Pressure Yes/No _____

Low Blood Pressure Yes/No_____

Skin Infection Yes/No_____

Allergies Yes/No_____

Migraines/headaches Yes/No_____

Diabetes Yes/No_____

Epilepsy Yes/No_____

Sinus problems Yes/No_____

Any other medical conditions _____

Female Clients

Is it possible that you might be pregnant? Yes/No

General Life Style

How do you see your general health? Good Average Bad

Where do you see your stress levels? High Normal Low

Is your diet Good Average Poor

Declaration

I declare that the information I have provided is true, as far as I am aware.

If necessary I will give full permission for my GP to be contacted.

Client signature _____ Date _____

Treatment Record

Details of findings

Treatment given

Client's reaction

After care advice

All information will be treated in the strictest confidence
