imaginal oils

Healing with Plants

Consultation Form

Client No:

Personal Details

Name:

Address:

Postcode:

Telephone Number (Inc Code):

Day: Mobile:

Doctor:

Practice Address:

Postcode:

General State of Health

Do you exercise regularly? No ☐ Yes ☐

Are you taking any medication? No ☐ Yes ☐

Are you on any special diet? No ☐ Yes ☐

How would you describe your stress levels? High ☐ Medium ☐ Low ☐

How would you describe your energy levels? High ☐ Medium ☐ Low ☐

How would you describe your sleep patterns?

What do you do for relaxation?

♀ Only

Could you be pregnant? No ☐ Yes ☐

Are you breastfeeding? No ☐ Yes ☐

Do you suffer from any menstrual problems? No ☐ Yes ☐

If yes please give details:

Conditions and/or Symptoms

	No	Yes
Do you suffer from asthmatic conditions?	☐	☐
Do you suffer from unstable blood pressure?	☐	☐
Do you suffer from any heart disorders?	☐	☐
Do you have a history of thrombosis/embolism?	☐	☐
Do you have epilepsy?	☐	☐
Do you have a dysfunction of the nervous system?	☐	☐
Do you suffer from any infectious diseases?	☐	☐
Do you suffer from any skin disorders?	☐	☐
Have you recently suffered from a haemorrhage?	☐	☐
Do you have any varicose veins?	☐	☐
Do you suffer from any swelling/oedema?	☐	☐

	No	Yes
Have you recently had any operations?	☐	☐
Have you ever had or do you have cancer?	☐	☐
Do you suffer from any back problems?	☐	☐
Do you have diabetes?	☐	☐
Do you have osteoporosis / arthritis?	☐	☐
Do you suffer from long COVID?	☐	☐
Do you have any recent fractures or sprains?	☐	☐
Do you suffer from from any allergies?	☐	☐
Do you suffer from from anxiety or depression?	☐	☐
Do you suffer from from headaches/migraines?	☐	☐
Do you have any other medical condition?	☐	☐

Further Details

If you've answered "yes" to any of the above, please provide details:

Please give details of any medication you have been prescribed & length of time taken e.g. statins etc:

All information provided is confidential and purely for the use of Imaginal Oils. None of the above information is disclosed or shared in anyway whatsoever by Imaginal Oils.

I declare that the information that I have given is true and correct and that, as far as I am aware, I can undertake treatment without any adverse effects. I have been fully informed about contra-indications and am willing, therefore, to proceed. I understand that essential oil therapy is not a substitute for medical advice and/or treatment. Please accompany this form with any extra paper used to disclose further details.

Client's signature: .... Date: .... Imaginal Oils signature: .... Date: ....