

ROSY GLOW NEW CLIENT INFORMATION

Please provide as much information as you can below. Save and email this pdf to margo@rosyglowaromatherapy.com.



NAME: _____ **DATE:** _____

AGE: _____ **OCCUPATION:** _____

EMAIL: _____ **PHONE:** _____

REASON FOR VISIT

What are your primary health concerns?

Month/year of onset of concern(s)? _____
MONTH YEAR

Do you know what is the cause of the concern(s)?

Does anything make the concern better? Worse?

HISTORY

Are you pregnant? Y N Regular menstrual cycles? Y N Breastfeeding? Y N

Menopause (surgical or natural)? Y N Trying to conceive? Y N

Chronic Conditions:

Blood Pressure high low

Arthritis

Neurological disorder]

Diabetes

Hypoglycemia

Thyroid disorder hypo hyper

Cancer

Heart condition

Anxiety or Depression

Foot issue (specify below)

Ear disorder including tinnitus

Indigestion/Constipation/Diarrhea

High levels of stress

Ulcer

Irritable bowel/colitis

Fibromyalgia

TMJ/headaches/migraines

Any seizure disorder

Eye soreness or disorder

Allergies (list below)

Details/specifics:

Have you experienced the following past or present?:

- Broken bones
- Chicken Pox or Shingles
- Thrombophlebitis

Are you under the care of a physician or psychiatrist?

If so, please list the condition(s) for which you are being treated:

Current Medications:

List all (including herbs and supplements):

Surgeries:

Please list type and date of all surgeries:

How much per day do you use of the following?

- _____ Caffeinated beverages
(coffee, tea, soda etc.)
- _____ Alcohol
- _____ Cigarettes, cigars, tobacco
- _____ Other drugs

Current exercise habits:

Hours per week: _____

Activities:

How many hours of sleep do you usually experience each night? _____ hrs

Do you wake throughout the night? Y N

Wake up too early? Y N

Have a difficult time falling asleep? Y N

Experience sleep apnea? Y N

Scent preferences:

Check the categories you prefer:

- Woody
- Floral
- Citrus
- Herbaceous
- Pine
- Mint-Menthol

Please provide any other information you think I should know in order to provide services to you safely and effectively:

Please also add any specific scent likes or dislikes:

