AZ Endless Essence Client Intake Form

Name:		Date:
Address:		
City:	State:	Zip:
Phone:	Email:	
DOB:	Age:	Married:
Occupation:		

Reason for Visit		
What is your primary concern(s)?		
Month/Year of onset of concern:		
Your idea of the cause:		
What makes it feel better?		
What makes it feel worse?		
Are you pregnant or can you be pregnant?	Are you trying to become pregnant?	Are you breastfeeding?

Chronic Conditions (check all that apply)	
_____High Blood Pressure	_____Low Blood Pressure
_____Epilepsy	_____Any seizure disorder other than epilepsy
_____Allergies. Please list:	
_____Other. Please explain:	

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Are you under the care of a physician? If so, please list the condition(s) you are being treated for:
Medications: Please list all medications, herbs and supplements you are taking:
Surgeries: Please list type and date of all surgeries:

Social History	
How much per day do you use of the following?	
a. Coffee, tea, soft drinks:	b. Alcohol:
c. Tobacco/E-cigarettes:	d. Other drugs:
Please describe your current exercise regime:	
a. Hours per week:	b. No exercise:
c. Activities:	
How many hours of sleep do you usually get per night during the week?	
Please provide any other information that you think we should know to help you safely and effectively:	

Aroma Questions
Are there particular scents or aromas that disturb you? If so, please list.
Are there particular scents or aromas that you especially enjoy? If so, please list.
Do you have allergic reactions to any scents? If so, please list.

Other Concerns
Do you have other symptoms or concerns that have not been covered?

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Please read and sign:

I have stated all my known conditions and answered all questions honestly. I will keep the practitioner updated on my health.

I understand that the consultant does not diagnose, prevent, or treat illness, disease, or any other physical or mental conditions.

I understand that this treatment is not a replacement for medical care and/or diagnosis, and it is recommended that I see a qualified professional for any physical or mental condition I may have.

I understand that this treatment is not a replacement for medical care.

The Practitioner has provided and explained the safety issues related to my treatment plan, and I have had the opportunity to ask any questions.

I understand the following:

- I am not being advised to take any essential oil products internally
- I must keep all essential oil products out of the reach of children
- Essential oils could be poisonous if swallowed
- Essential oils must be stored in a cool, dark place
- Essential oils may irritate the skin if not stored or used properly
- Essential Oils must not be used with animals
- Essential Oils should not be applied to the skin of babies or children under 1 year old
- Essential Oils must be used with extreme caution for children under 5 years old.

I hold Lois L Rutledge, CA, and AZ Endless Essence, LLC, harmless for any injuries or negative effects I may experience as a result of using the products I receive during this consultation, or from the consultant in the course of my treatment plan.

_____

Client Signature Date

Please email this form back to lois@azendlessessence.com