



Angie Trussell, RN, NREMT, RMT

13660 N 94th Drive Ste. C-4
Peoria, AZ 85381-4841
ph (623) 266-1722 | fax (623) 266-1746

Aromatherapy Intake Form

Each blend is created on an individual basis, based on the information provided in this form. Please answer each question to the best of your ability in an effort to find the product that works best for you.

Name: _____

Address: _____

Primary phone # _____ OK to leave a message? YES NO

Email: _____

Preferred method of communication: Email Mail Text Voice message

Do you have sensitive skin? YES NO Please describe if yes: _____

Are you currently on blood thinners? YES NO

Are you pregnant? YES NO

Do you use any medications on you skin: YES NO PATCHES CREAMS _____

Do you have High Blood Pressure, Seizures, Diabetes, bleeding/clotting disorders or any other health condition that you are taking medication for? _____

Do you have any allergies? _____

Are there any smells you dislike? _____

What are some of your favorite smells? _____

From the following list please circle the products you would use. Please cross off any you would not use.

Room spray

Hand sanitizer

Roll on oil

Bath salts

Hand lotion

Perfume spray

Massage oil

Salt inhalant

I have answered these questions truthfully and to the best of my ability. I will use these products as directed and notify my practitioner with any questions or concerns. For any allergic reaction I will stop using and seek immediate medical attention. I will avoid UV/sun exposing to any area of skin that the oils have been applied to for 24 hours. I understand aromatherapy is not intended as a cure, but to help aid in symptom management. If any skin irritation is present applying a base oil to diffuse the essentials can be helpful, such as olive or coconut oil. I will notify my practitioner and/or stop use if any changes to my health occur or any chance of pregnancy.

Signature: _____ Date : _____