Client History Form

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **REFERRED BY:** _____

EMAIL: _____ **OCCUPATION:** _____

PHONE: _____(mob) _____(hm) _____(wk)

To offer you the best possible session, and to ensure that I use the correct types/quantities of essential oil for your body, it's important I know your medical history. Please complete all questions below, and provide any additional relevant information:

IMPORTANT SAFETY Q's

- ☐ I am on medication for thinning the blood (Aspirin, Heparin, Warfarin, etc)
- ☐ I have high blood pressure
- ☐ I may be pregnant
- ☐ I have had an epileptic seizure. If so,
  When was your last seizure?.....
  Frequency of seizures?.....
- ☐ I am under 5 years of age
- ☐ I am under 18 months of age

If any of the above boxes are ticked, the Essential Oils Desk Reference Appendices are consulted for oils to avoid or use with caution

- ☐ I have a current blood clot/s

Raindrop Technique must not be performed if current blood clots. EECT may be performed without any bodywork (anointing only)

- ☐ I am allergic to nuts. If so, the oils which I know **I am safe to use** are:
  - ☐ Olive
  - ☐ Sesame
  - ☐ Almond
  - ☐ Jojoba
  - ☐ Rice Bran
  - ☐ Safflower/Sunflower
  - ☐ Coconut
  - ☐ Other.....

The Essential Oils Desk Reference Appendices indicates which essential oil blends contain nut oils. If you are allergic to these oils, a different oil will be used in its place. eg. Valor Roll On (with coconut oil) in place of Valor; One of your "safe" oils in place of V6.

- ☐ I have synthetic/plastic parts in my body (eg. pacemaker, breast implants).
  Details:.....
  .....

Essential Oils should not be applied directly over plastic parts in the body

BACK/NECK PAIN

- ☐ I am NOT able to lie on my back or stomach for up to one hour.

You may sit in a chair or lie on your side for all/part of the session

- ☐ I have a current/past back or neck problem including injury/operation to my spine? Please describe:
  .....
  .....

Caution is exercised when working near the site of the injury. If injury is current, Raindrop Technique will be performed down the spine.

CHEMICAL EXPOSURE

If significant exposure has occurred, your session may be modified to avoid major detox symptoms

- ☐ I am a smoker.
  How many cigarettes a day?.....
- ☐ I regularly drink alcohol
  How many glasses a week?.....
- ☐ I drink fewer than 8 glasses of water a day (not counting other beverages).
  How many glasses per day?.....
- ☐ I've had significant chemical exposure through my profession, hobbies, environmental exposure, recreational or prescription drugs. Please provide details:
  .....

Which apply to you <u>in the past 12 months</u>:

- ☐ Been vaccinated
- ☐ Taken antibiotics
- ☐ Taken antidepressants
- ☐ Taken synthetic hormones-IVF, HRT, contraceptive pill)
- ☐ Had a general anaesthetic
- ☐ Had amalgams removed from teeth
- ☐ Undergone chemo/radiation therapy
- ☐ Had my hair coloured
- ☐ Been on pharmaceutical medication

IN THE PAST 12 MONTHS:

- ☐ Acne (severe)
- ☐ Allergies
- ☐ Arthritis
- ☐ Asthma
- ☐ Autoimmune disease
- ☐ Bacterial Infection
- ☐ High Blood Pressure
- ☐ Cancer
- ☐ Candida/Thrush
- ☐ Chronic Fatigue
- ☐ Recurring Cystitis
- ☐ Depression
- ☐ Diabetes
- ☐ Glandular Fever
- ☐ Ross River Fever
- ☐ Heart Attack
- ☐ Herpes
- ☐ Lupus
- ☐ Mental Illness
- ☐ Migraines
- ☐ Parkinsons/M.S.
- ☐ Shingles
- ☐ Stroke
- ☐ Viral infection
- ☐ Dermatitis/Eczema/Psoriasis/Rosacea

<u>List other current illnesses/allergies:</u>

.....
.....
.....

Specific essential oils may be included in Raindrop Technique to assist your overall health

SPECIFIC CONDITIONS

- ☐ I have Multiple Sclerosis
- ☐ I am a Quadriplegic

If either of these 2 boxes are ticked, Raindrop Technique will be performed down the spine.

- ☐ I like hot drinks- no cool water added
- ☐ I strongly dislike cold weather
- ☐ I strongly dislike cold showers and swimming in cold water

If 2 or 3 of these boxes are ticked, less Peppermint oil is used in Raindrop Technique

- ☐ I have a current skin rash/skin lesions
  Where?.....

Essential oils may cause irritation if applied to broken skin

- ☐ I have taken/am taking antidepressants
- ☐ Describe your current emotional state:
  .....

Specific essential oils may be included in your session to benefit your emotional state

OPERATIONS/MEDICATION

Please list *<u>all</u>* operations (and year):

.....
.....
.....
.....

List current pharmaceutical medications

.....
.....
.....

Certain medications may be enhanced or inhibited by the use of essential oils. Please check with your doctor before your session.

HEALTHY LIFESTYLE

In the past 12 months I have:

- ☐ Been on a detox regime
- ☐ Used Young Living's products daily
- ☐ Received Raindrop Technique
- ☐ Received Egyptian Emotional Clearing
- ☐ Exercised regularly
- ☐ Used the following natural therapies:
  .....

MY SESSION GOALS ARE:

.....
.....