

# Practical Potions An Aromatic E Course

## Unit 5D

The Interview Template  
Practically Magic - Good Questions  
Deliver Clear Responses.



# Transformational Step

## The Interview Template

### “Practically Magic” Good Questions Lead to Clear Responses

Purpose: Learning to work with clients, assess their relevant sensitivities, needs, goals and desired outcomes.



## The Aromatic Intake Form Template

### Client Background Information

Name

Phone Number

Emergency Number

Birth date

# Medical History

Please indicate if:

Pregnant,

Epileptic- If so are you taking medication?

Asthma- severity & circumstances,

**Allergies or sensitivities:** (especially skin and respiratory)

Eczema,

Psoriasis,

Other skin disorder or infection.

HIV or Aids

Cancer (or family history of hormone sensitive cancers) breast, uterine, ovarian, prostate.

Endocrine: Thyroid, parathyroid, adrenal, pituitary, pancreas, thymus.

Cardio & Heart health- blood pressure, cholesterol, strokes, irregular rhythms etc.

Bowel, stomach, gallbladder, digestive system:

Are you or have you ever been under psychiatric care?

Are you currently on any drugs for depression or anxiety?

Any other relevant medical history?

## **Lifestyle:**

Family composition

Occupation

Food patterns. How often in a day do you eat?

What type of foods do you eat?

Do you eat in a calm environment?

Sleep Cycle:

**Stress Level:**

Do you have supportive relationships in your life?

In what area of your life are you most satisfied?

What area of your life is currently being reviewed?

**Reason for Appointment:**

I \_\_\_\_\_ understand \_\_\_\_\_  
is a student aromatherapist, not a medical doctor. I understand she may make suggestions, but is not diagnosing. I also understand I am under no obligation to implement her/his suggestions. I also understand essential oils are potent plant substances. They must not be used internally. Never leave the oil in places accessible to small children. Do not apply to skin undiluted. Use with extreme caution in cases of  
epilepsy, asthma, and pregnancy. Except where indicated by your therapist, essential oils are not recommended for babies or infants. To test for allergic reactions, apply a small amount of undiluted oil onto the underside your arm.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Exercise

Review this template and then design one that suits you.

Try it on 3 people.

Revise it and rewrite it.

Keep doing this until you get a document that is suitable.

In a note to us - tell us what you think is important in a question.

How do you encourage clients to tell the full truth or whole story?

Where will you keep your filing system?

Keep upgrading and personalizing this questionnaire until it suits your purpose and practice.



**Use this page to add your own notes.**

