

**Projects, Showcasing Your Competency &
Bringing Your Skills Home -
Unit 10A
Fine-Tune
Your Interview Template**



Showcasing Your Competency-Bring Your Skills Home (10 A)



Transformations:

- 1) Fine tune your interview Template-Make a useful tool to assess client needs, health concerns and preferences. (You will now have a suitable tool to work with clients).
- 2) Realize there is no perfection, there will always be ways to keep improving your interview template.

You've been on the Practical Potions Apprentice Ship Adventure for a long time. It's been a full journey and we've explored many cultures, essential oils from different countries. You've learned a wide range of skills. Now it is time to put them to use. This is where the rubber hits the road and the real learning manifests. Here is your first assignment.

The Interview Template-

In Introductory Practical Potions, you created a business template- now it is time to review and fine-tune the template for your ongoing use. Unit
10A

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 Info.

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 types of food 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. Do not take essential oils internally. Except where indicated by your therapist, essential oils are not recommended for babies or infants. So, keep your mixtures away from babies, children, pets and people unable to have good judgment. Taking them internally may be fatal. To test for allergic reactions, apply a small amount of undiluted oil onto the underside your arm.

Signature: _____

Date: _____.



Exercise:



Review this template- now design one that suits you. Try it on 3 people. Revise it and rewrite. 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.