Aromatherapy Treatment Questionnaire

Our customized aromatherapy blending program is designed to identify specific conditions and/or mental/physical states that you may wish to alleviate with individually mixed oils. All information reported will remain confidential. The more specific you are, the more tailored your recipe will be.

Guest Name:_____ Date:_____

Please email your completed Questionnaire to spareservations@twobunchpalms.com

Choose one of the following you would like to address in this session:

	Anxiety/Mood Swings		Feminine Cycle		Jet Lag		Restorative
	Arthritis		Fluid Retention		Menopause		Self Discovery
	Calming /Sedating		Goddess Blend		Muscle Ache Relief		Skin Soother
	Cellulite		Grief		Muscle Relaxing		Sleep/Restful
	Circulation		Grounding		Muscle Stiffness		Slimming/Toning
	Depression		Headache Relief		PMS Relief		Trauma/Transformation
	Detoxifying		Immune boost		Post-Partum Relief		Uplifting Mood
	Euphoric		Inner Strength		Relaxing		Women's Well Being

Health Status:
Please check any of the following medical conditions that presently apply to you:

	Allergies		Common Cold		High/Low Blood Pressure		Nursing Mother
	Arthritis		Diabetes		High Cholesterol		Respiratory Disorders
	Cancer		Digestive Problems		History of Epilepsy		Skin Sensitivities
	Chemotherapy		Fibrosis		Heart Disorders		Sun Damaged Skin
	Radiation Therapy		Glandular Fever		Kidney Disorders		Upset Stomach

Where do you usually hold tension or feel tightness in your body?_____

Will you be having any surgery or medical treatments in the near future? If yes, please describe:

_____

Are you currently on a detox program? If yes, please describe:

_____

Is your job stressful? If yes, please describe: _____

What are your goals for this session? _____

Are there any scents that you dislike? If yes, please describe: _____

Note: this questionnaire is not intended to diagnose or treat any medical condition, and is in no way intended to replace or supplement medical advice. If you have a concern about a medical condition, seek the advice of a qualified medical doctor.