

# Aromatherapy Consultation Questionnaire

## Personal Information

Full Name

Age

Phone

Email

## Health Information

Do you have any current or past medical conditions?

Do you have any allergies (including to essential oils)?

Are you taking any medications or supplements?

Are you pregnant or breastfeeding?

## Lifestyle & Preferences

What are your main health concerns or goals for this aromatherapy consultation?

Have you used essential oils before? If so, which ones?

Preferred method of use (e.g., diffuser, massage, topical application):

Aromas/scents you enjoy or dislike:

## Other Information

Is there anything else you would like your aromatherapist to know?