



JennScents[®]
HOLISTIC AROMATHERAPY

- Providing Excellence in Holistic Aromatherapy -

Spiritual PhytoEssencing Emotional Healing Consultation Intake Form

Name: _____ DOB: __/__/____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Home _____ Cell _____

Height: _____ Weight: _____ Color of eyes: _____

Occupation: _____ Marital Status: _____

Children (number of kids, gender and ages) and Pets: _____

What are your expectations and desires for this SPE consultation? _____

Family medical history:

Mother: _____

Father: _____

Maternal Grandparents: _____



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Paternal Grandparents: _____

Siblings: _____

Other: _____

Personal Medical History: (at any age)

Ailments, Diseases, Diagnosis: _____

Surgeries (and year): _____

Prescriptions: _____

Medicine & Complementary Disciplines Used (MD, ND, Acupuncture, Chiropractic, Psychologist, etc.):



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Do you have any recurring feelings and emotions? _____

Tell me about you upbringing (from birth to present, environment, location, home rules, sports, hobbies, schedule, social support, etc.): _____

Dreams:

Do you remember any of your dreams? Or has any dream(s) made an impact on your life?

Do you have any recurring dreams? _____

Do you have any fears? _____



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Foods:

Favorite foods? Or foods that you crave? _____

Aversion or allergies to foods? _____

Tell me about any symptoms you are currently experiencing or have experienced in the past:

Have you noticed any patterns in your mood, behavior, reactions, responses, illnesses, etc.?

Do you have any addictions or addictive behaviors (if so, describe)? _____

Hobbies, Activities, Likes & Dislikes (music, odors, places, animals, colors, weather, etc.):



Anything specific you want to share with me? _____

* Please email this Client SPE Consultation Intake Form to jh@JennScents.com at least 72 hours prior to your appointment time, unless otherwise instructed. Thanks you. I look forward to talking with you soon. Have a blessed day!