



PROFESSIONAL APPLICATION: CASE HISTORY – SUBSEQUENT TREATMENT FORM

Case Code _____ Client: _____ Date: _____ T/M No: _____

Blood Pressure _____ (if taken state reading) Pulse _____ (If taken)

Current Health Condition _____

How was the client after the last treatment? _____

Reason for coming today _____

Any other comments:

General observations of client today:

Treatment Plan:

State what your aims and objectives are for **this treatment session**. Include method/s of application.

Did you achieve them?

If not, why not?

Proposed future action/treatments:

| Essential Oil | Latin (Botanical) name | Number of drops | Reason for use | Reference |
|---------------|------------------------|-----------------|----------------|-----------|
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| Carrier Oil | Latin (Botanical) name | Number of mls | Reason for use | Reference |
|-------------|------------------------|---------------|----------------|-----------|
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Home treatment suggested with aims and objectives:

How did the client feel immediately after the treatment: