



**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

Carrier Oil	Latin (Botanical) name	Number of mls	Reason for use	Reference

Home treatment suggested with aims and objectives:

How did the client feel immediately after the treatment: