



NEW ZEALAND REGISTER OF HOLISTIC AROMATHERAPISTS INC.

PROFESSIONAL APPLICATION: CASE HISTORY FORM

Case Code _____ Client: _____ Date: _____

Male _____ Female _____ Occupation _____

Address _____ Telephone (H) _____ (W) _____

_____ DOB _____ Length of T/M _____

MEDICAL HISTORY

Childhood ails: _____

Operations as a child _____

Adult illness _____

Operations: _____

Fractures/Injuries/Accidents (major);

Skin complaints _____

Allergies _____

Pregnancy/Childbirth: _____

Respiratory: Hayfever ___ cough ___ asthma ___ bronchitis ___ sinus ___ other _____

Headaches _____ migraines _____ sinus _____ glasses/contacts _____

Smoker _____ How many per day _____ Cough _____

Alcohol _____ Sleep pattern _____

Epileptic: _____ Diabetic: _____ If yes: Diet controlled _____ Insulin _____ Tablets _____



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

Exercise _____

Diet _____

Current Health Condition _____

Medication (state what it is for)

Any relevant family history _____

Relevant social history _____

Reason for coming today _____

Is the client receiving treatment from any other modality (state which/why): _____

Any other comments:

Posture/spine: lordosis _____ kyphosis _____ scoliosis _____ sec's lump _____

Other _____

Hip higher: left _____ right _____ Knee higher: left _____ right _____

Shoulder higher: left _____ right _____ Other notes _____

Test lines _____

Legs: V V's _____ Circulation: _____

Skin: Body _____ Face _____

Eyes: clear _____ red _____ other _____

Arms _____

General observations:



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: