



## AromaTouch® Technique Intake Form

(you will be requested to fill one of these out on every visit)

Name : \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E- Mail : \_\_\_\_\_ Referred By: \_\_\_\_\_

**Emergency Contact Name & Number** \_\_\_\_\_

Have you ever had an AromaTouch session? \_\_\_\_\_ Date of last session: \_\_\_\_\_

Are you familiar with or use essential oils? \_\_\_\_\_

What current medications and/or supplements do you take on a regular basis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently under the care of a physician or alternative practitioner? \_\_\_\_\_ If yes, please state why:

\_\_\_\_\_

Accidents, Illnesses, Injuries or Surgeries which are still affecting you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ How far along? \_\_\_\_\_ Any previous pregnancies? \_\_\_\_\_

Are there any high risk concerns with this pregnancy? \_\_\_\_\_

What is your main purpose or health concern for today's visit? \_\_\_\_\_

\_\_\_\_\_

What are your expectations from today's visit? \_\_\_\_\_

\_\_\_\_\_

If you have been here previously, how did you feel in the following 2-3 days after your visit? \_\_\_\_\_

**DISCLAIMER** (please initial each line after you have read and understand each statement)

\_\_\_\_\_ I acknowledge that I have requested an AromaTouch Technique session from **Nicci Van Der Merwe**, which involves the use of 8 essential oils and blends, with 3-4 drops of each, applied to my back and feet, or hands, with no tissue manipulation involved. The full process takes approximately 30 minutes.

\_\_\_\_\_ I have noted on the reverse side any pharmaceutical or supplements that I take regularly and I take full responsibility for the very small chance of any reactions between my medication and the essential oils.

\_\_\_\_\_ I understand that it would be in my best interest to speak with my primary care physician about the use of essential oils.

\_\_\_\_\_ I understand that AromaTouch and essential oils in general do not prevent, treat or cure, illness, cancer, disease or injury, but that essential oils can work with conventional medicine for an overall wellness plan to help balance the body, and are not, and should not be, a replacement for proper medical attention.

\_\_\_\_\_ I accept and understand that while every body responds differently to essential oils and an AromaTouch Treatment, that there may be some degree of discomfort after a treatment and up to 2-3 days after, such as, but not limited to, flu-like symptoms, headache, dizziness and/or diarrhea – similar to a detox. In very few rare cases a localized rash develops for a day or two, depending on the individual's level of skin sensitivity.

\_\_\_\_\_ If at any time during the application process an essential oil feels uncomfortable, I will let **Nicci Van Der Merwe** know and more carrier oil will be applied as needed.

\_\_\_\_\_ I have been advised to drink plenty of water for the rest of this day and at least the next 2 days.

\_\_\_\_\_ I release **Nicci Van Der Merwe**, from any and all liability & responsibility related to any of these symptoms or after affects of a body detox or any other reactions.

\_\_\_\_\_ I also release doTERRA, **Accendo Mind Body & Soul LLC** and all parties therein of any responsibility or liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PARENTAL CONSENT for CHILDREN 17 or YOUNGER**

I \_\_\_\_\_ certify with my signature below, that I am the parent/legal guardian of \_\_\_\_\_, a child under the age of 18. I give **Nicci Van Der Merwe** full permission to provide an AromaTouch Technique Session to this child and release her from all responsibility related to statements which I have initialed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 8 oils used in doTERRA AromaTouch® Technique

**Balance** = Spruce Needle/Leaf, Ho Wood, Frankincense Resin, Blue Tansy Flower, and Blue Chamomile Flower essential oils in a base of Fractionated Coconut Oil.

**Lavender** = Lavender Oil

**Meleluca** = Meleluca (also know as tea tree oil)

**On Guard** = Wild Orange Peel, Clove Bud, Cinnamon Bark, Eucalyptus Leaf/Stem, and Rosemary Leaf/Flower essential oils.

**Aromatouch** = Cypress Plant, Peppermint Plant, Marjoram Leaf, Basil Leaf, Grapefruit Peel, Lavender Flower essential oils.

**Deep Blue** = Wintergreen Leaf, Camphor Bark, Peppermint Plant, Blue Tansy Flower, Blue Chamomile Flower, Helichrysum Flower, and Osmanthus Flower essential oils.

**Wild Orange** = Orange Oil

**Peppermint** = Peppermint Oil