

PSB 2009-04
November 2009



Guide for Aromatherapists
Responsible Marketing
What can you say on your
advertising/marketing literature?
(including newsletters, leaflets, labels & websites)

Includes a sample Consultation Document used by registered aromatherapists in their practices

Written by Carole Preen
With special thanks to the ATC

Aromatherapy Council
Website: www.aromatherapycouncil.co.uk

Contents

	<u>Page</u>
The Reason for this Guide.....	3
What is Responsible Marketing?	3
The Legislative Framework.....	4
Who decides what a medicinal product is?	5
Advertising – what you can and cannot say.....	7
Retail Supply of Essential Oils and Aromatherapy Products	10
Labels for products made up for individual clients.....	11
Client Consultation Record Form.....	12
Sample Consultation Form	12

The reason for this Guide

This guide is to advise professional aromatherapists how to work within the Law and give clear guidelines as to what you can and cannot say about aromatherapy treatments and essential oils on advertising and marketing literature, including web sites which are regarded exactly the same as any other advertising media. Over the past few years as aromatherapy has become increasingly popular, it has become apparent that aromatherapists are making medicinal claims that are not permitted and could land them with legal problems and additional expenditure in having leaflets reprinted and web sites updated. In actual fact the aromatherapy trade itself generates far fewer complaints than other industries but there is a frequent inability by aromatherapists to recognise the difference between **practising** aromatherapy and **selling** aromatherapy products. The Medicines and Healthcare products Regulatory Agency (MHRA) has found that many aromatherapists are so passionate in their craft that they have difficulty understanding the difference between the regulatory controls for the practice of aromatherapy and the regulatory controls for selling retail products to the public. Now that regulation is in place for the practice of aromatherapists in the UK, any such complaint could result in being struck off the National Register. Therefore this guide has been written to safeguard your future practice

What is responsible marketing?

All promotional material on products must give clear guidelines as to how aromatherapy should be used, giving recommended dilutions where necessary. The Medicines Act clearly states that no medicinal claims can be made on labels, promotional material or advertisements – including websites – for products that have not been licensed as medicines. In 2009 Aromatherapists have exemption under s12(1) of the above Act as long as they carry out a face to face consultation first (i.e. **not** over the phone or internet) so although they can put on a label what ailment the blend is for, they still cannot make any medicinal claims on their generic literature and on websites. It is likely however that aromatherapists will lose the right to use this special exemption once herbal medicine becomes statutorily regulated, which will be in 2011/2012. Many aromatherapists ask why essential oils cannot be licensed as they believe this might restrict their use by professionals only. The answer is that essential oils cannot be licensed since they vary from crop to crop and even if they were, licensing would be so expensive that no-one would be able to afford to buy or sell essential oils. This is why no aromatherapy product offered directly for sale without a face to face consultation can make remedial claims if it relates to a specific disease or adverse condition of the body.

For companies or indeed aromatherapists who wish to sell products containing essential oils, the Aromatherapy Trade Council (ATC) publishes Guidelines that are an invaluable source of information. The ATC is the UK

trade association for the specialist aromatherapy essential oil trade representing the interests of manufacturers and suppliers of essential oils and aromatherapy products. Their Guidelines are also an excellent reference source for training schools and colleges who are required to include such information in their training programmes (see the AC Core Curriculum). Copies of the Guidelines can be purchased directly from the ATC. Please telephone them on 01473 606630 or email info@a-t-c.org.uk for more information.

The Legislative Framework

In the context of aromatherapy, the legislation is minimal. In the context of aromatherapy products, the legislation is vast and extremely complex.

1. Voluntary Self-Regulation

Regulation exists primarily to protect the public, but it also gives credibility to the profession. The Aromatherapy profession originally became regulated from December 2006 under the Aromatherapy Council (AC), a voluntary scheme that was developed over many years in full consultation with the whole aromatherapy profession. There are no plans by the UK government to make registration a statutory requirement, which is in fact better for aromatherapists as it means that regulation is cheaper and primarily controlled by the profession itself. From 2009, aromatherapy is now regulated by the Complementary & Natural Healthcare Council (CNHC) and via the General Regulatory Council for Complementary Therapies (GRCCT) as it was agreed that as so many therapists are multi-disciplined, it was better to have a federal style regulator that would encompass all therapies and two such bodies now exist. These regulatory bodies ensure that the aromatherapy qualification has been measured against the National Occupational Standards and AC Core Curriculum, that they are safe and competent to practice, adhering to a strict Code of Professional Conduct and Ethics, have appropriate insurance to practise, update their skills on a continuing basis and there is a Disciplinary and Complaints procedure for the public to use in the unlikely event of something going wrong. We say “unlikely” here as properly trained aromatherapists are highly skilled and are professionally competent in their work.

2. S12(1) of the Medicines Act 1968

The only piece of legislation that is relevant to aromatherapists currently is s12(1) of the Medicines Act. Section 12(1) permits anyone in the course of a business to make up and supply an unlicensed herbal remedy where they do so after being requested by an individual, and in that individual's presence, to exercise judgement as to the treatment required. The remedy must be manufactured or assembled on the premises occupied by the person carrying out the consultation. There is no restriction as to the processes to which the remedy may be subject. However, as Herbal Medicine & Chinese Medicine becomes statutory regulated in 2011/2012, the new register that will be launched for those professions means it is likely that the aromatherapists right to use S12(1) will be lost.

3. The Traditional Herbal Medicine Products Directive (THMPD)

The THMPD was adopted by the EU in spring 2004 and was implemented in the UK on 30th October 30, 2005. Now no further “medicinal herb” products can be launched without Traditional Herbal Medicinal Products (THMP) registration or marketing authorisation (licence), but existing products that were legally on the market on 30 April 2004 can remain on the market until the 7-year transitional period ends in 2011, which is set to coincide with the statutory regulation of herbalists. The THMPD allows herbal products to be registered as THMP under medicines law. To gain this registration, these products must demonstrate high (pharmaceutical) standards of manufacture and product quality and mild claims can be made for the products.

Herbal products that have been used traditionally in the European Union for at least 30 years may be registered with a dossier showing quality data on the product and its ingredients, evidence of its traditional use and a bibliographic review of safety. Approval of such a dossier satisfies the medicinal requirements of safety and quality, with efficacy demonstrated by long term use. In this “simplified” registration it is also possible that the evidence of tradition and safety review is not required if the product is already on a central E.U. list or has a central monograph.

This differs from the previous UK system, which included four categories of herbal products on sale in the UK:

- those classed as botanicals or herbal food supplements
- those under Section 12.2 of the Medicines Act relating to a specific exemption that allows for the sale of certain medicinal herbs provided that no product claims are made
- Section 12.1 herbals, another exemption that allows practitioners to supply certain herbal materials to their clients on a one-to-one basis
- licensed herbal products converted from ‘licences of right’ granted to products on the market in 1968 and for which limited claims are allowed.

When the THMPD is fully implemented in 2011, there will still be four categories but two major changes will occur. The Section 12.2 exemption will lapse, as it is assumed that most current 12.2 products will have by then obtained THMP status. One benefit of the THMPD is herb/nutrient combinations (which do not technically fit under 12.2 legislation) will be allowed if the nutrient is plausible and at a safe level. A further change is that the Section 12.1 system is undergoing review by the U.K. authorities with a view to establishing statutory registration of practitioners. Once this is implemented aromatherapists are unlikely to be able to continue using the special exemption they currently have.

4. Who decides what a medicinal product is?

The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for this area of legislation. The MHRA publishes a very helpful Guidance Note No: 8 “A Guide to What is a Medicinal Product” which is regularly updated) and can be accessed through their website at www.mhra.gov.uk.

It is an offence to sell or supply, or to advertise a medicinal product without a licence (marketing authorisation) granted by the MHRA.

The European Community’s Medicinal Products Directive 2001/83/EC as *amended* defines a “medicinal product” as:

- (a) “Any substance or combination of substances presented **as having properties** for treating or preventing disease in human beings; [*“the first limb”*]
- (b) Any substance or combination of substances which may be **used in or** administered to human beings **either** with a view to restoring, correcting or modifying physiological functions **by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis”** [*“the second limb”*].

Medicinal products may well fall under both limbs of the definition but the European Court of Justice (“ECJ”) has confirmed that falling under either limb is sufficient to classify a product as a medicinal product (MHRA Guidance Note 8 pp10-11 March 2007).

It is clear from the above statements that essential oil blends, created by the aromatherapist specifically for the patient following a face to face consultation constitutes a medicinal product. The **function and intended use of the blend** is that it is administered with a view to achieving a medicinal purpose.

At the present time, certain medicinal products are exempt from the requirement to have a marketing authorisation/licence. Aromatherapists currently enjoy exemption from licensing when they make claims for the therapeutic action of their blends under s12(1) of the Medicines Act 1968. However, this can only be put into context when we have taken a consultation face to face with a patient. S12(1) (which is in the process of reform by Ministers) permits anyone, including aromatherapists, to make up and supply any unlicensed herbal remedy, where they do so after being requested by an individual, and in that individual’s presence to exercise judgement as to the treatment required. The remedy must be manufactured or assembled on the premises occupied by the person carrying out the consultation. We cannot make up a blend for a specific complaint after a chat over the telephone or over the internet. It is very important therefore that aromatherapists take a detailed consultation prior to blending any essential oils or absolutes into a cream, lotion, carrier oil or other carrier media and we have included a

sample consultation sheet in the glossary of this document. You can enter what the treatment cream, lotion or oil is to be used for on the label after a consultation and on the consultation document. Aromatherapists are welcome to use this or help them adapt their own design.

The MHRA Guidance Note No: 8 Appendix 1 gives a list of words and phrases which are likely to be regarded as medicinal claims. Below we have listed some examples of what you cannot say and against the same number, also listed below suggested alternatives to keep you within the Law. It is, however, a very complex issue and not one simply of “this word is acceptable and this one is not.” It depends on how the descriptive word or phrase is used and the intended and implied meaning has to be considered in context. It stands to reason that you would never use the word cure or cures as used in any context this means to successfully treat a disease.

Aromatherapists cannot purport to cure any disease although they can report positive outcomes from actual case studies in a published article that is quite separate from their marketing material.

Essential oils themselves do not constitute a medicinal product and for this reason there is no requirement for them to be medically licensed. They fall under the General Product Safety Regulations. It is the blend created by the professional aromatherapist for the individual needs of the client, whether psychological or physiological, that makes it a medicinal product.

5. Advertising – what you can and cannot say on literature/websites.

Remember that after a face to face consultation you can make specific claims for the blend you are preparing for their individual needs. This information needs to be entered onto the client’s consultation document. However, on your general information guides for your clients, your leaflets, posters, adverts, gift vouchers and websites, you have to be very careful not to make any medicinal claims. This next section gives you guidance and has been taken from the MHRA Guidance Note 8, which you can obtain from their website at www.mhra.gov.uk (in the booklet “What is a Medicinal Product”). This list is not exhaustive and is given here as a guide only to assist your understanding of the legislation that exists.

What you CAN say on your literature/websites

1. You can make claims to “***maintain, optimise or support***” health or a healthy lifestyle as long as you do not use it in the context of preventing or curing, so you would not be able to use these words in the context of “*may restore, or help to restore*, a specific bodily function or organ to a normal healthy state”.

Instead you can say that Aromatherapy, when used regularly, can maintain, optimise or support health and well-being and soothe or relax everyday stresses and strains/stressful lifestyles.

2. You CAN state that “Aromatherapy is a holistic treatment, balancing the whole person, soothing and relaxing stressful lifestyles and optimising health and well-being.”
3. You CAN make reference to the acknowledged fact that essential oils are antibacterial and many are antimicrobial and antiseptic. However, you CANNOT make claims that they are antifungal as this is considered to be a full medicinal claim. You are allowed to say that they can optimise a healthy immune system.
4. You can also say that certain essential oils can have a relaxing/soothing/comforting/uplifting nature when blended correctly by a Registered Aromatherapist.
5. You can also state that essential oils used in Aromatherapy treatments can be useful for people of all ages to optimise health and well being.
6. You can quote research without being specific or making a claim by referring to an adverse condition, so it really does relate to the context in which you use the terminology and the other wording you use along side it. An example would be “Many researchers have shown that when they are applied to the skin or inhaled, essential oils are absorbed into the bloodstream and metabolised in the body, (Preen C. (2005) Today’s Therapist (35) 2-4) substantiated by Aromatherapy Science, Pharmaceutical Press 2006 Chapter 7 p.78”.
7. Essential oils are volatile substances and their molecules will pass through the olfactory tract into the brain where the odour is perceived. So you can say that depending on the individual, the aromas can have a positive effect on emotional health and well being.
8. Use the fact that some oils are warming, stimulating and reviving and can optimise healthy circulation. You can of course say that the act of massage stimulates the circulation too.
9. Fortunately, the National Occupational Standards for Aromatherapy, revised in 2006 section Ar2.1 page 33, makes specific reference to aromatherapy treatments. So you can say that you offer aromatherapy treatments and refer to the treatment you will conduct following a consultation. The same section of the NOS also says “*The clients with whom the practitioner works may be seeking to optimise their health and well-being. Clients may have no particular health needs or may have acute, sub-acute or chronic conditions, or be dying*”.

What you CANNOT say on your literature/websites

1. You cannot make any claim to either prevent or cure disease. In that context you cannot therefore make claims to relieve symptoms, or heal a specific disease or adverse condition of body or mind. In context, **stress**, **anxiety** and **nervous tension** can be adverse conditions of the mind, and

claims to cope with or manage those conditions will be regarded as claims to treat or prevent disease. In context, even using the word **help/helps** can be seen as a claim to treat, provide relief from, and cure symptoms of disease or an adverse condition.

2. You need to be careful when using the word “**alleviates**” In context, it may suggest a claim to treat disease by reducing, ameliorating or correcting disease or an adverse condition.

3. Aromatherapists often make claims that essential oils “**boost or strengthens the immune system**” In context, this claim may tend to suggest that essential oils may be administered with a view to modifying physiological function and having a significant effect on the metabolism.

4. One of the most common claims for essential oils is “**calm/calms/calming**” In context, it may be a claim to sedate.

5. Using the phrase “**can benefit those who suffer from...**” in context is seen as a claim to treat or prevent disease in specific patient groups or in those at particular risk of specific diseases or adverse conditions.

6. Aromatherapists believe that if they substantiate a claim then this protects them. However, using “**Clinical Trials Evidence**” or “**Medical Research**” actually implies a claim to (medicinal) efficacy in relation to disease or an adverse condition. This is frustrating when we are constantly being asked to research the efficacy of aromatherapy. However we have to be cautious in not making a claim about the therapy that may lead to a misunderstanding or give false hope.

7. As we all know, essential oils work on the limbic centre of the brain to affect memory and emotions. This is why some oils uplift and others stimulate etc. When used in context, using the phrase “**helps maintain a normal mood balance**” can imply a claim that aromatherapy may be administered with a view to altering mood, that is, it has a sedating or anti-depressant activity, which is not permitted. Again this is frustrating when you consider that certain oils do indeed have these therapeutic properties, but remember you can report this to a client following a face to face consultation under s12(1) of the Medicines Act 1968.

8. Another common phrase is “**stimulates the nervous system**”. In context, this claim tends to suggest the product may be administered with a view to modifying physiological function and have a significant effect on the metabolism.

9. Even using “**Treats/Treatment/Treating**” in context, can be construed as claims to treat or prevent disease or an adverse condition.

6. Retail Supply of Essential Oils and Aromatherapy Products

These products do not enjoy the same exemptions from licensing as products and services currently provided by aromatherapy practitioners during a face-to-face consultation, where they use the S12(1) exemption. **Medicinal claims are not permitted under any circumstances on products for sale directly to the public or consumer unless they hold a full marketing authorisation (product licence).** This includes phrases such as colds, ‘flu, arthritis, rheumatism, and aches and pains. A fuller explanation can be found in the MHRA’s Guidance Note No: 8 and the ATC’s “Responsible Marketing & the MHRA” leaflet.

Since the retail supply of essential oils and aromatherapy products is not subject to Medicines’ Law, they are likely to be subject to the Cosmetic Products (Safety) Regulations 2004, the General Product (Safety) Regulations 2005 or other applicable legislation such as the Biocidal Products Regulations 2001. As a very general rule of thumb, pure essential oils and blends of pure essential oils are likely to fall within the scope of The General Product Safety Regulations 2005.

Pre-blended aromatherapy products such as massage oils, creams, lotions, bath products, soaps, aromatic waters and pure essential oils blended in a carrier oil, are likely to fall within the scope of The Cosmetic Products (Safety) Regulations 2008 as amended. They cannot be placed on the market as medicines unless a product licence or marketing authorisation has been obtained for them or they have been registered as traditional medicinal products and no medicinal claims whatsoever are permitted for them. Products with a primary claim as a biocide (e.g. insect repellents, disinfectants) will either need to be registered under the Biocidal Products Regulations 2001 as amended or be rebranded as cosmetics.

It is, however, incumbent upon those who place products on the market (i.e. the marketer) to correctly identify the regulatory framework relevant to their products and to act accordingly. **All the information on the regulations listed above are available on the internet, just type in the regulation name in google.**

This is a general guide for aromatherapists:

Products made up and used in treatment	Currently these are subject to S12(1) (until 2011/2012)
Products made up for a client following a treatment, to take home with them	Currently these are subject to S12(1) (until 2011/2012)
Products made for own use	The aromatherapists takes personal responsibility for these and anyone can do this under Common Law
Products made to give out as gifts – i.e. someone makes bath foams for family	Product sold to the general public and therefore subject to

members at Christmas –	the same legislation as any trader – no medicinal claims
Products made for attended sales in a clinic	Product sold to the general public and therefore subject to the same legislation as any trader.
Products made for clients/customers to buy as gifts for others	Product sold to the general public and therefore subject to the same legislation as any trader.
Products made for general retail purposes	Subject to the same legislation as any trader.

7. Labels for products made up for individual clients

When using s12(1) of the Medicines Act 1968, in that you have taken a full medical consultation in the presence of the patient, you can state that the blend you have prepared can help with the specific condition they have and it can be written on the label as such as well as written up on your client's consultation record. Here is the **official guide** as to what should go on a label for a patient:

- The name of the client/patient to whom the product is to be administered. It is important that patients realise that this blend has been made specifically for them and is not transferable, just like prescribed medicines.
- The name & address of the aromatherapist who prescribed it in case of sensitisation, irritation or 3rd party misuse.
- The date that the product was blended and a use before guidance date.
- Ingredient Listing, i.e. Carrier(s) types & common and Latin name(s) of the oils used (the dilutions & reasons for use will be added to the client/patient consultation sheet)
- Directions for use (how often, where and how)
- Any precautions– i.e. for external use only, not to be used in pregnancy where relevant, guidance for phototoxicity where appropriate etc.

Where a blended product is supplied, it is believed that the person using it has a right to know what it contains and that an ingredient listing should be given. There is also a clear public safety issue here in the event of accidental or deliberate ingestion, for example by a child, when it is essential that the contents can be identified quickly to allow effective emergency treatment to be given promptly.

You need to put all this information either on a large label, or on a tag, or where there is not enough room for either of those, you can give the client a separate information leaflet/slip to go with the blend with all the relevant information. You must record all the information about the instructions you

have given the client, plus all the information about the blend (Latin names, dilution ratios etc.) on the client's consultation record form.

Helpful information and advice on advertising (that is accessible) is also available on the Advertising Standards Agency website at www.asa.org.uk. It is also important to review your advertising against the provisions of the Committee of Advertising Practice (CAP) Code (see www.cap.org.uk).

For useful information on research resources, please see the "useful links" page on the Aromatherapy Council's website at www.aromatherapycouncil.co.uk

The AC wishes to make it clear that the information contained in this guidance is provided in good faith and is based on the information that is available at the time it is produced. It is not necessarily comprehensive and is subject to revision in the light of further information. The AC cannot accept any liability for reliance on the information provided and it remains the responsibility of the aromatherapist to ensure they comply with the legal requirements in force at any time.

8. The Client Consultation Record Card

This section includes a sample of what an aromatherapist will ask in the consultation process. **This record is a legal document** and is admissible as evidence in a Court of Law. The form must be completed fully and legibly and no tippex must be used. Any mistakes should be crossed through and initialled. The document is private and confidential and should be kept in a locked filing cabinet away from sight. Insurance companies vary on how long these records should be held, but the average is about 7 years. It is vitally important that the aromatherapist completes the document and then asks the client to sign it so that everything is completely accurate and the client understands what is about to happen in the treatment.

Aromatherapists need to make a provision in their will about the disposal of the consultation records in the event of their death.

Clients often wonder why aromatherapists need to ask so many questions. The reason is that they are making sure that they take all your medical conditions into consideration in order to give you a safe and effective treatment. Your answers will determine the choice of essential oils they will choose for your treatment and the dilution ratios, as well as the choice of carrier oils or other carrier media if you are receiving your treatment as a massage. It will also determine whether or not massage is safe for you to receive and if not choose another mode of application such as a cream, inhalation, compress or bath blend.

The aromatherapist will also make notes about the treatment they gave you and any findings, particularly if using massage. This information helps the aromatherapist during your next treatment to adapt the treatment in order to

benefit you further. They will note the **Latin name** of the essential oils used, the **number of drops and dilution ratios**. This information is important in case you have a reaction to the oils or more likely if you ask for the same blend again as it was beneficial. Information on the carrier oils or carrier media is also noted and the amount used.

Prior to a treatment, your aromatherapist will conduct a patch test to check for potential reaction. This is all noted on the consultation form.

On the next page is a sample of a record used by aromatherapists in their practice. Aromatherapists are welcome to adopt this in their practice and aromatherapy students are encouraged to use it for their 60 case studies.

PRIVATE & CONFIDENTIAL
Consultation Record

Date: _____

Therapists Name: _____

Name: _____

Address: _____
_____ Post code: _____

Tel Home: _____ Work: _____

Mobile: _____ Email: _____

Emergency contact: _____ Tel: _____

Date of Birth: _____ Marital Status: _____

Dependants: _____

Height: _____ Weight: _____ Sex: ___ M/F _____

Occupation: _____

Doctor Name, Address & Tel No: _____

Date of last visit to the GP & reason: _____

Medication – Prescribed and over the Counter/Supplements: _____

Operations/Accidents/Illnesses incl. dates: _____

Personal and Close Family Medical History (blood relatives only):

Vascular	None	Heart	Hypertension	Poor circulation	Thrombosis	Varicose Veins
Endocrine/Immune	None	Diabetes	Thyroid	ME	Lupus (SLE)	HIV/AIDS
Nervous Disorders	None	Epilepsy	Depression	Migraines	MS	Headaches
Digestion	None	Indigestion	Constipation	Ulcers	Colitis	Diarrhoea/IBS
Respiratory	None	Chest	Asthma	Bronchitis	Hay Fever	Sinusitis
Skin	None	Eczema	Allergies	Psoriasis	Athlete's Foot	Verrucae
Genito Urinary	None	Kidney	Bladder	Infertility	Other	
Other	None	Cancer	Arthritis	Rheumatism	Hepatitis	
Disabilities	None	Mental Health	Physical	Congenital	Other	
Special Senses	None	Eye defects	Contacts	Anosmia	Deafness	Other

Are you suffering from any infectious diseases? YES / NO

Childhood Illnesses: _____

Details on Medical History (to include details of X-rays and other medical tests/diagnosis):

Presenting Symptoms:

Skin Type: _____

Posture: _____

Total Contraindications:	Local Contraindications/Cautions
Heart Condition (consult GP)	Pregnancy
Circulatory Disorders (consult GP)	Scar tissue/cuts/open wounds or sores/lacerations
Thrombosis/phlebitis	Varicose Veins
Stroke - embolic	Cancers
Fever	Allergies
Infectious/notifiable disease	Athlete's Foot
History of Haemorrhage	Verrucae
Current Migraine	Diabetes
Undiagnosed Oedema (consult GP)	Fractures
Just consumed large meal	Epilepsy
Recent inoculation	Asthma
Haemophilia (consult GP)	Medications
Under influence of alcohol/narcotics	Osteoporosis
Unexplained pain or inflammation	Blood Pressure problems
Bad or recent sunburn	Rheumatoid Arthritis
Herniated/prolapsed/bulging disc	Lupus (SLE)
Feeling unwell or nauseous	HIV/Aids
	Hepatitis
	Sprains/strains/bruising/dislocations
	Fungal Nail Infections
	Parchment Skin
	Wearing Contact Lenses

Date letter sent to GP (if applicable) _____ Date of Reply: _____

Are you currently receiving treatment by a health care professional, either complementary or orthodox, including dentist or optician?
 Details: _____

Have you received this therapy before? _____

How did you hear about me? _____

Lifestyle:

How are you feeling today/lately? – Physically _____
 Emotionally _____

What do you hope to gain from this treatment? _____

What is your diet like? _____

How much fluids to you drink per day? _____

Do you smoke? YES/ NO Number per day: _____

Do you drink? YES/ NO Number of units per week: _____

Describe your sleeping pattern _____

Is your life stressful and if so why? _____

On a Scale of 1 – 10 How would you rate stress levels? _____

How do you cope with stress? _____

Do you take any regular exercise? _____

How would you describe yourself? Optimistic/Pessimistic Confident/Nervous

Have you suffered any bereavements, if so when? _____

Do you have any phobias? _____

What hobbies do you have? _____

Client declaration:

I confirm that all the information given during this consultation is accurate to my knowledge and I consent to receiving an aromatherapy treatment/I consent to _____ who is in my charge receiving aromatherapy treatment
 (*Delete as appropriate)*

Client Name/Guardian (Print) _____

Signature: _____ Date: _____

FIRST AROMATHERAPY TREATMENT FOLLOWING INITIAL CONSULTATION

Client Name: _____ **DATE:** __/__/__

Treatment given & any notes on treatment:

Type of patch test used:

Essential Oils (use Latin names) used and why (including dilution ratios and why):

Carrier oils used and why (including dilution ratios):

After care advice given:

FOLLOW UP AROMATHERAPY CONSULTATION SHEET DATE:

FOLLOW UP CONSULTATION RECORD CARD

Client's Name: _____ **DATE:** __/__/__

Any changes since last appointment (i.e. address, telephone number, job, partner, medication, any new accidents/illness, contraindications, visit to dentist/optician, long haul flights, inoculations etc.):

Any visits to the GP/Hospital or other CAM practitioner since last appointment:

Feedback from previous treatment:

For women - when was the first day of your last menstrual cycle:

Client declaration:

I confirm that all the information given during this consultation is accurate to my knowledge and I consent to receiving an aromatherapy treatment/I consent to _____ who is in my charge receiving aromatherapy treatment.
(*Delete as appropriate)*

Name (Print) _____

Signature: _____ **Date:** _____

Therapist's signature: _____ **Date:** _____

Treatment given & any notes on treatment:

Type of patch test used:

Essential Oils used (Latin names) and why (including dilution ratios and why):

Carrier oils used and why (including dilution ratios):

Aftercare advice given:

This page is intentionally left blank