



Aromatherapy/Raindrop Technique Intake Form

THANK YOU FOR TAKING THE TIME TO FILL OUT OUR FORM!

Please circle any of the following that apply to you:

Asthma Nasal Allergies Skin Sensitivities/Allergies Nut Allergies Other

Please list any specific skin conditions.

What are your goals with receiving Aromatherapy/Raindrop Technique?

Are there any questions or concerns that you feel we should discuss prior to your session?

Treatment Consent:

Your treatment will be given by a Certified Massage Therapist/Certified Raindrop Therapist. The Raindrop Technique/Aromatherapy is not meant to replace the advice and care of a licensed physician. The Raindrop Technique/aromatherapy is not meant to treat or cure disease, but to support the body's natural ability to heal itself. I will inform my therapist of any discomfort during my session.

Please sign to acknowledge consent of treatment.

Client Signature _____
(Parent or Guardian if Minor)

ENJOY YOUR SESSION!