



**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

Please list any specific skin conditions.

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What are your goals with receiving aromatherapy/Raindrop Technique?

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

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Treatment Consent:

Your treatment will be given by a Nationally Certified Massage Therapist, practicing as a Certified Clinical Aromatherapy *student\**, who has completed training and earned certification in this specific modality. 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.

Please sign to acknowledge consent of treatment.

Client Signature \_\_\_\_\_  
(Parent or Guardian if Minor)

ENJOY YOUR SESSION!

\*A Certified Clinical Aromatherapy Student is one who is currently studying CCA courses taught by a Certified Clinical Aromatherapist.