

Client Brief

Name

Date:

Who will the Blend/Product be designed for:

What is the Focus for the Blend:

How will it be used

Any contraindications to oils, lifestyle or aroma preferences to be aware of

Additional notes

As a professional Aromatherapist, I do not make any claim of replacing any holistic or medical therapy. I do not advise clients in any form that my treatment is superior to any other holistic or medical one, as my therapy is of a **complementary nature only, rather than a curative treatment in itself.**

I also am not a doctor and, therefore, **do not advise on any oil for internal ingestion.**

Client Signature:

Date:

Aromatherapist:

First Condition	Second Condition	Third Condition
List all the Essential Oils Chosen for the Blend/Synergy with full details on Name – Latin Name and amount used		
List the carrier/s used with full details including Name and amount used.		
What is the dilution of essential oils in base/product?		
How will the blend/product be used by the client? Method of application, frequency etc.		