



Suspected Adverse Reaction to Aromatherapy Treatment

Name..... Membership No Date qualified

Address

Aromatherapy qualification

Date qualified Years in practice

The subject of the adverse reaction was the practitioner a client

Client details (if applicable) Sex Age

Medication being taken (Prescription &/or Over the Counter)
.....

Reason for consultation

Aim/Objective of treatment
.....

Was the reaction to treatment or to product supplied for home use

If home use where instructions given verbal written

Date of occurrence Part of body affected

How long did it take for the reaction to appear

How long did the reaction take to resolve and/or

Was medical attention required

Essential oils used (botanical names)

1. 2.

3. 4.

Carrier used

Vegetable oil Lotion Cream Other (please specify)

Vegetable oil/s used (botanical names)

1. 2.

3. 4.

Dilution used

The preparation was made by the practitioner was a retail product

Please state method used e.g. massage, compress, inhalation etc.

As far as you are aware did the client disclose all relevant information during the consultation

Yes No Do not know

Description of the reaction (please use the space below) -

Describe your response to the reaction -

Any other comments you feel relevant -

Signed Date