# Client Intake Form

General Information: Please complete to the best of your knowledge and share as much as you feel comfortable. Only questions in this first section are required; completing additional sections may allow for more specific and tailored support plans. This entire form will take about 15-20 minutes to complete thoroughly.

* Required

1. Email address *

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2. Name *

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3. Address (Street, City, State, Zip) *

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4. Telephone (area code first) *

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5. Birthdate *

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*Example: January 7, 2019*

6. Occupation *

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7. # of Children *

8. # of Pregnancies *

9. Are you pregnant, or is there a chance you are pregnant? *

*Mark only one oval.*

- Yes
- No
- Maybe
- N/A

10. Are you nursing? *

*Mark only one oval.*

- Yes
- No
- N/A

11. Are there children under 12 within the household? *

*Mark only one oval.*

- Yes
- No

12. Do you experience any allergic reactions to any substances (food, environmental, etc.)? *

13. If yes, please describe the reaction for each, or type N/A. *

14. Are you currently on any medication? *

*Mark only one oval.*

- Yes
- No

15. If yes, please list medications, or type N/A. *

16. Are you currently using any essential oils or other holistic protocols? *

*Mark only one oval.*

- Yes
- No

17. If yes, please describe, or type N/A. *

18. What are your current health or wellness goals? What are you looking to change or improve? Please describe general goals, as well as your goals specific to your selected service. *

19. Aroma Preferences: Please rate your preferences for the following aroma groups. Yoga-Only Clients: Please select "Unsure" for all to skip. *

*Check all that apply.*

| | Love! | Like | Neutral | Dislike | Serious Aversion | Unsure |
|---|---|---|---|---|---|---|
| Citrus | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Floral | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Herbaceous | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Camphoraceous | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Minty | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Spicy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Resinous/Musky | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Woody/Earthy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

20. Yoga Experience: Please describe your previous experience, including practice in-studio (group yoga classes) or at-home (YouTube, virtual group classes). Please also describe any previous private or semi-private yoga instruction. Aromatherapy-Only Clients: Please type "N/A" to skip. *

## General Health & Lifestyle

Please share as much as you feel comfortable.

21. Do you exercise regularly?

*Mark only one oval.*

- Yes
- No

22. If yes, how many times per week and for how long? What type of exercise?

23. Do you currently smoke?

*Mark only one oval.*

- Yes
- No

24. If yes, how many cigarettes a day and for how long have you smoked?

25. Have you ever smoked?

*Mark only one oval.*

- Yes
- No

26. If yes, when did you quit?

______________________________

27. Do you drink any caffeinated drinks (coffee, black tea, soda, etc.)?

*Mark only one oval.*

- Yes
- No

28. If yes, how many per day and at what times of day? (i.e. "2 cups of coffee in the morning and a tea in the afternoon")

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29. Do you have a spiritual practice?

*Mark only one oval.*

- Yes
- No

30. If yes, please describe as you feel comfortable.

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31. Rate your level of stress from 1 to 10 for the below (1 being mild stress, 10 being overwhelming; you may need to scroll to see all of the number options)

*Mark only one oval per row.*

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| Work/School Life | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Primary Intimate Relationships | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

32. Have you ever had any major injuries or operations?

*Mark only one oval.*

◯ Yes

◯ No

33. If yes, please describe what happened as well as how your recovery went.

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34. Have you ever had any major illness that required hospitalization?

*Mark only one oval.*

- Yes
- No

35. If yes, please describe as you feel comfortable.

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36. Have you had a medical exam in the last year?

*Mark only one oval.*

- Yes
- No

37. Are you under the care of any health care provider, traditional or otherwise?

*Mark only one oval.*

- Yes
- No

38. If yes, please share as you feel comfortable.

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## Medical History

Please check any conditions that may apply to you, completing to the best of your knowledge. Please note at the end if either your parents or maternal or paternal grandparents had or have a history with any condition.

39. General:

*Check all that apply.*

- [ ] Allergies
- [ ] Cancer
- [ ] Dizziness
- [ ] Epilepsy
- [ ] Fainting
- [ ] Fatigue
- [ ] Headaches
- [ ] Mental disorder
- [ ] Mood swings
- [ ] Anxiety/Nervousness
- [ ] Depression
- [ ] Numbness (physical)

40. Muscles & Joints:

*Check all that apply.*

- [ ] Arthritis
- [ ] Backache (upper)
- [ ] Backache (lower)
- [ ] Broken bones
- [ ] TMJ/jaw pops
- [ ] Mobility limitations
- [ ] Spinal curvature
- [ ] Sprained tendons/muscles
- [ ] Stiff neck
- [ ] Swollen joints

41. Gastrointestinal:

*Check all that apply.*

- [ ] Belching
- [ ] Heartburn
- [ ] Constipation
- [ ] Abdominal pain
- [ ] Colitis

42. Urinary:

*Check all that apply.*

- [ ] Excessive urination
- [ ] Water retention

43. Cardiovascular:

*Check all that apply.*

- [ ] Heart attack
- [ ] Heart disease
- [ ] High blood pressure
- [ ] Low blood pressure
- [ ] Pain in heart area
- [ ] Poor circulation
- [ ] Swelling of ankles/joints
- [ ] Previous heart stroke/murmur

44. Eyes, Ears, Nose, Throat:

*Check all that apply.*

- [ ] Asthma
- [ ] Ear aches
- [ ] Eye pains, dry/wet
- [ ] Failing vision
- [ ] Glaucoma
- [ ] Sinus infection
- [ ] Sore throat
- [ ] Sinus congestion

45. Skin:

*Check all that apply.*

- [ ] Inflamed/sensitive
- [ ] Boils
- [ ] Acne
- [ ] Dryness (lacking oil)
- [ ] Dehydrated (lacking water)
- [ ] Itching
- [ ] Varicose veins

46. Respiratory:

*Check all that apply.*

- [ ] Asthma
- [ ] Chest Pain
- [ ] Difficulty breathing
- [ ] Dry cough
- [ ] Spitting blood
- [ ] Congestion

47. Women, specifically:

*Check all that apply.*

- [ ] Menopausal
- [ ] Hot flashes
- [ ] Irregular cycle
- [ ] Breast lumps

48. Please note if either your parents or maternal or paternal grandparents had or have a history with any of the conditions listed above.

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## Informed Consent

Please read carefully and type your full name as your signature in agreement. A copy of your answers, including this consent, will be emailed to you for your records.

49. ★ I understand that this consultation is designed to gather information so that my practitioner, Quinn Madonia and Yogaromas by Quinn, is able to design and create aromatherapeutic products based upon my unique needs and for the express purpose of supporting health and well-being through lifestyle changes, health habits and healthy mental well-being. ★ I understand that Quinn Madonia does not diagnose, prevent, treat or cure any illness, disease or any other physical or mental condition. I understand that I am consulting this practitioner for educational purposes only, of my own free will. ★ I understand that aromatherapy and essential oils are not a substitute for medical treatments and it is recommended that I see a qualified professional for any physical or mental condition that I may have. I understand that any evaluation cannot determine a specific disease condition I may have, and that it does not replace the diagnostic services offered by licensed physicians. ★ I understand that Quinn Madonia and Yogaromas by Quinn will not suggest that I cease medical care I am undertaking. I understand the decisions I make regarding my health care are my sole responsibility and I will not hold Quinn Madonia or Yogaromas by Quinn responsible for the consequences of my decisions. ★ I understand that Quinn Madonia neither claims, nor implies, that any instruction, advice, counsel, suggestions, recommendations, services or products she provides, whether in person, by mail or electronically (telephone, email, video conferences, etc.), will cure, treat, prevent or mitigate any disease condition; but are provided solely for the purpose of supporting the natural function of the body systems and to improve general health and well-being. ★ I have read the above information and I hereby give my permission for Quinn Madonia and Yogaromas by Quinn to design an aromatherapeutic and/or yoga program for me based upon my unique needs and goals. *

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