

## Client Consultation Form

### Therapist Details

<b>Course:</b>	AROMATHERAPY MASSAGE
<b>Centre name:</b>	BRIGHTON SCHOOL OF MASSAGE
<b>Learner (Therapist) name:</b>	Joanna Sherman

### Client Consultation Form

<b>Client name/code</b>	T.M	
<b>Address</b>	Details held on file.	
<b>Profession</b>	Canine Beautician	
<b>Telephone Number</b>	Mobile	Details held on file.
	Other	Details held on file.
<b>Emergency Contact</b>	Name	M. D.
	Contact number	Details held on file.
<b>Date of initial consultation</b>	01/02/2021	

Personal details:						
Age group	Under 18 <input type="checkbox"/>	18 – 29 <input type="checkbox"/>	30 – 39 <input type="checkbox"/>	40 – 49 <input checked="" type="checkbox"/>	50 – 59 <input type="checkbox"/>	60+ <input type="checkbox"/>
Gender	Female					
GP Surgery and Address	Details held on file.					
Last visit to the doctor	September					

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

<b>Contra-indications requiring medical permission</b> <i>where medical permission cannot be obtained, clients must give their informed consent in writing prior to treatment (Select if/where appropriate)</i> <span style="float:right"><b>None</b> <input type="checkbox"/></span>		
Currently being treated by a GP or another complementary practitioner for any condition? <input type="checkbox"/> Notes:		
Taking prescribed medication? <input checked="" type="checkbox"/>		
Pregnant? <input type="checkbox"/> How many weeks? ____ If first trimester (0 – 12 weeks) massage is contraindicated due to risk of miscarriage. (2 <sup>nd</sup> /3 <sup>rd</sup> trimester (gentle massage, abdomen avoided)		
Recent operations? Major <input type="checkbox"/> Minor <input type="checkbox"/> Date: _____ Notes:		
Has a hormonal implant? <input type="checkbox"/>		
Any dysfunction of the nervous system? (e.g. multiple sclerosis, Parkinson’s disease, motor neurone disease) <input checked="" type="checkbox"/>		
Any skeletal/muscular conditions? (e.g. cervical spondylitis, osteoporosis, arthritis, whiplash, slipped disc) <input type="checkbox"/>		
Any conditions causing muscular spasticity? (e.g. cerebral palsy) <input type="checkbox"/>		
Any cardiovascular conditions? (e.g. thrombosis, phlebitis, hypertension, hypotension, heart conditions) <input type="checkbox"/>		
Any mental health / psychotic conditions? <input type="checkbox"/>		
Any undiagnosed pain? <input type="checkbox"/> Notes:		
Any of the following conditions:	Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Kidney infection <input type="checkbox"/>	Cancer <input type="checkbox"/>
Haemophilia <input type="checkbox"/>	Bell’s palsy <input type="checkbox"/>	Medical oedema <input type="checkbox"/>
Trapped/pinched nerve (e.g. sciatica) <input type="checkbox"/>	Inflamed nerve <input type="checkbox"/>	Rheumatoid arthritis <input type="checkbox"/>
<b>Contra-indications that restrict treatment</b> <i>(Select if/where appropriate)</i> <span style="float:right"><b>None</b> <input type="checkbox"/></span>		
Fever <input type="checkbox"/>	Contagious or infectious diseases <input type="checkbox"/>	Diarrhoea and vomiting <input type="checkbox"/>
Under the influence of alcohol or recreational drugs <input type="checkbox"/>	Undiagnosed lumps and bumps <input type="checkbox"/>	Recent heavy meal (<2hr) <input type="checkbox"/>
Cuts / Bruises / Abrasions <input type="checkbox"/>	Sunburn <input type="checkbox"/>	Hypersensitive skin <input type="checkbox"/>
Scar tissue (avoid area - 2 years for major operation; 6 months for a small scar) <input type="checkbox"/>	Localised swelling <input type="checkbox"/>	Varicose veins <input type="checkbox"/>
Skin diseases <input type="checkbox"/>	Hernia <input type="checkbox"/>	Gastric ulcers <input type="checkbox"/>
Haematoma <input type="checkbox"/>	Inflammation <input type="checkbox"/>	Recent fractures (minimum 3 months) <input type="checkbox"/>
Any allergies? <input type="checkbox"/>		Menstruating (first few days of menstruation, avoid abdomen) <input type="checkbox"/>
<b>Written permission required by:</b> <i>(attached to the consultation form)</i>		
GP/Specialist <input checked="" type="checkbox"/>		Informed consent <input type="checkbox"/>

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

<b>Medical History</b>					
Reason for treatment	<i>She would like to try aromatherapy to see if it will boost her energy levels and immune system. It may also help with the anxiety and mild depression she experiences, as well as providing some stress relief. Her GP has been consulted about the aromatherapy treatments and he has given his written approval for treatment to proceed.</i>				
Muscular/Skeletal problems	Back <input type="checkbox"/> Aches/pain <input checked="" type="checkbox"/> Stiff joints <input type="checkbox"/> Headaches <input type="checkbox"/> Notes:				
Digestive problems	Constipation <input type="checkbox"/> Bloating <input type="checkbox"/> Liver/gall bladder <input type="checkbox"/> Stomach <input type="checkbox"/> Notes:				
Circulation	Heart <input type="checkbox"/> Blood pressure <input type="checkbox"/> Fluid retention <input type="checkbox"/> Tired Legs <input type="checkbox"/> Varicose veins <input type="checkbox"/> Cellulite <input type="checkbox"/> Kidney problems <input type="checkbox"/> Cold hands and feet <input type="checkbox"/> Notes:				
Gynaecological	Irregular periods <input type="checkbox"/> P.M.T <input type="checkbox"/> Menopause <input checked="" type="checkbox"/> H.R.T. <input checked="" type="checkbox"/> Pill <input type="checkbox"/> Coil <input type="checkbox"/> Notes:				
Nervous system	Migraine <input type="checkbox"/> Tension <input type="checkbox"/> Stress <input checked="" type="checkbox"/> Depression <input checked="" type="checkbox"/> Notes:				
Respiratory	Allergies <input type="checkbox"/> Hay fever <input type="checkbox"/> Asthma <input type="checkbox"/> Notes:				
Skin	Dermatitis <input type="checkbox"/> Acne <input type="checkbox"/> Eczema <input type="checkbox"/> Psoriasis <input type="checkbox"/> Skin cancer <input type="checkbox"/> Notes:				
Skin type	Dry <input type="checkbox"/> Oily <input type="checkbox"/> Combination <input type="checkbox"/> Sensitive <input type="checkbox"/> Dehydrated <input type="checkbox"/> Notes:				
Immune system	Prone to infections <input checked="" type="checkbox"/> Colds <input type="checkbox"/> Sore throats <input type="checkbox"/> Chest <input type="checkbox"/> Sinus issues <input type="checkbox"/> Notes:				
Medication taken	<i>takes medication daily to help with menopausal symptoms.</i>				
Herbal remedies					
General health notes	<i>multiple sclerosis hysterectomy in 2003. extreme fatigue / aches and pains if she overworks</i>				
<b>Lifestyle</b>					
Do you have children?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Two children</i>				
Ability to relax	<table border="0"> <tr> <td>Good <input type="checkbox"/></td> <td rowspan="3">Methods of relaxation:</td> </tr> <tr> <td>Moderate <input checked="" type="checkbox"/></td> </tr> <tr> <td>Poor <input type="checkbox"/></td> </tr> </table>	Good <input type="checkbox"/>	Methods of relaxation:	Moderate <input checked="" type="checkbox"/>	Poor <input type="checkbox"/>
Good <input type="checkbox"/>	Methods of relaxation:				
Moderate <input checked="" type="checkbox"/>					
Poor <input type="checkbox"/>					
Sleep patterns	<table border="0"> <tr> <td>Good <input type="checkbox"/></td> <td rowspan="3">Average no. of hours: <i>6 hours</i></td> </tr> <tr> <td>Moderate <input type="checkbox"/></td> </tr> <tr> <td>Poor <input checked="" type="checkbox"/></td> </tr> </table>	Good <input type="checkbox"/>	Average no. of hours: <i>6 hours</i>	Moderate <input type="checkbox"/>	Poor <input checked="" type="checkbox"/>
Good <input type="checkbox"/>	Average no. of hours: <i>6 hours</i>				
Moderate <input type="checkbox"/>					
Poor <input checked="" type="checkbox"/>					
Natural daylight (e.g.in workplace)	<table border="0"> <tr> <td>Yes <input checked="" type="checkbox"/></td> <td rowspan="2">Work environment:</td> </tr> <tr> <td>No <input type="checkbox"/></td> </tr> </table>	Yes <input checked="" type="checkbox"/>	Work environment:	No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/>	Work environment:				
No <input type="checkbox"/>					
Work at a computer?	<table border="0"> <tr> <td>Yes <input type="checkbox"/></td> <td rowspan="2">If yes, for how many hours?</td> </tr> <tr> <td>No <input checked="" type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	If yes, for how many hours?	No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/>	If yes, for how many hours?				
No <input checked="" type="checkbox"/>					

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

Do you smoke?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	No. per day: <i>1-5 cigarettes per day</i>		
Do you drink alcohol?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Units per week: <i>Average 7 per week</i>		
Do you exercise?	None <input type="checkbox"/> Occasional <input checked="" type="checkbox"/> Irregular <input type="checkbox"/> Regular <input type="checkbox"/>	Type/s of exercise:		
Stress level (1-10 rating)	At work <i>8</i> At home <i>8</i>	Notes:		
Reasons for stress	<i>Ill health. Financial strains.</i>			
<b>Diet</b>				
Do you eat regular meals?	Breakfast <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input checked="" type="checkbox"/>			
Do you eat in a hurry?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Do you take any food/vitamin supplements?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
How many portions of each of these items does your diet contain per day?	Fresh fruit <i>1</i>	Fresh vegetables <i>3</i>	Protein <i>2</i>	Protein - source?
	Dairy produce <i>3</i>	Sweet things <i>2</i>	Added salt <i>0</i>	Added sugar <i>2</i>
How many units of these drinks do you consume per day?	Tea <i>3</i>	Coffee <i>2</i>	Fruit juice <i>1</i>	
	Water <i>0</i>	Soft drinks <i>0</i>	Other <i>0</i>	
Do you suffer from food / other allergies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:		
Do you experience disordered eating?	Bingeing <input type="checkbox"/> Overeating <input type="checkbox"/> Undereating <input type="checkbox"/>	Notes: <i>None</i>		
<b>Consultation Notes</b>				
Client profile	<p><i>Mrs CD is 46 years old. She works as a canine beautician. She was diagnosed with multiple sclerosis in 1999. She is in good health considering her condition, but she has experienced relapses approximately once every three years since diagnosis, but the last time she experienced one was five years ago. She underwent a hysterectomy in 2003. She now takes medication daily to help with menopausal symptoms. She has suffered blackouts and fits in the past and her GP suspected epilepsy. However, he now feels that they were probably as a result of the MS and she has not suffered any for at least ten years. She is on no other medication. She has to be extremely careful and manage her energy levels. She takes two days off per week and often works late. She experiences extreme fatigue and other distressing symptoms like widespread aches and pains if she overworks. She is married with two children, one of whom still lives at home. Her husband also suffers ill health and is unable to work which puts a great financial strain on them both.</i></p>			

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

<b>Treatment Planning – Treatment 1</b>	
<b>Treatment date and location</b>	08/02/2021 – Aroma Rooms
<b>Treatment plan</b>	One aromatherapy massage per week for four weeks; working on full body and face, together with suitable recommendations for Home care/self-treatment. The emphasis of the massage and movements used will be for relaxation and absorption of the oils so I will concentrate on using effleurage and lymphatic drainage movements. Pressure points will be used to relieve tension and congestion in specific areas such as the back and face.
<b>Contraindicated oils / oils to avoid include reason</b>	Due to possible epilepsy, avoid: Eucalyptus (Myrtaceae, Eucalyptus globulus) Fennel (Apiaceae, Foeniculum vulgare), Rosemary (Lamiaceae, Rosmarinus officinalis )
<b>Condition/s to treat and suitable essential oils</b>	<p><b>Condition:</b> Mild depression/anxiety/nervous system</p> <p><b>Suitable essential oils:</b> Basil (Lamiaceae, Ocimum basilicum), Bergamot (Rutaceae, Citrus bergamia), Roman Chamomile (Asteraceae, Chamaemelum nobile), German Chamomile (Asteraceae, Matricaria recutita), Cedarwood Atlas (Pinaceae, Cedrus atlantica ), Clary Sage (Lamiaceae, Salvia sclarea), Cypress (Cupressaceae, Cupressus sempervirens), Frankincense (Burseraceae, Boswellia sacra), Geranium (Geraniaceae, Pelargonium graveolens), Jasmine (Oleaceae, Jasminum grandiflorum), Lavender (Lamiaceae, Lavandula angustifolia), Lemon (Rutaceae, Citrus limon), Mandarin (Rutaceae, Citrus nobilis), Neroli (Rutaceae, Citrus aurantium), Patchouli (Lamiaceae, Pogostemon cablin), Rose damask (Rosaceae, Rosa damascena), Marjoram (Lamiaceae, Origanum majorana).</p>
	<p><b>Condition:</b> Stress/immune system</p> <p><b>Suitable essential oils:</b> Basil (Lamiaceae, Ocimum basilicum), Bergamot (Rutaceae, Citrus bergamia), Geranium (Geraniaceae, Pelargonium graveolens), Lavender (Lamiaceae, Lavandula angustifolia), Neroli (Rutaceae, Citrus aurantium), Petitgrain (Rutaceae, Citrus aurantium), Marjoram (Lamiaceae, Origanum majorana).</p>
	<p><b>Condition:</b> Muscular aches and pains</p> <p><b>Suitable essential oils:</b> Basil (Lamiaceae, Ocimum basilicum). Ginger (Zingiberaceae, Zingiber officinale), Marjoram (Lamiaceae, Origanum majorana), Lavender (Lamiaceae, Lavandula angustifolia), Roman Chamomile(Asteraceae, Chamaemelum nobile), Peppermint (Lamiaceae, Mentha piperita), Juniper (Cupressaceae, Juniperus communis), Thyme (Lamiaceae, Thymus vulgaris).</p>
	<p><b>Condition:</b> Menopausal symptoms</p> <p><b>Suitable essential oils:</b> Bergamot (Rutaceae, Citrus bergamia), Roman Chamomile (Asteraceae, Chamaemelum nobile), German Chamomile(Asteraceae, atricaria , Cypress(Cupressa recutita) Cupressus sempervirens), Geranitu (Geraniaceae, Pelargonium graveolens Clary Sage (Lamiaceae, Salvia scarest" Rose damask (Rosaceae, Rosa damascena), Ylang Ylang (Annonac Canaga odorata), Jasmine(Oleacea Jasminum grandiflorum), Neroli (Rutaceae, Citrus aurantium).</p>
<b>Essential oils selected</b>	<p><b>Oil:</b> Marjoram (Lamiaceae, Origanum majorana, Alcohols)</p> <p><b>Rationale:</b> Muscular aches and pains, stress relief, depression</p>
	<p><b>Oil:</b> Geranium (Geraniaceae, Pelargonium graveolens, Alcohols)</p> <p><b>Rationale:</b> Support immune system, depression</p>
	<p><b>Oil:</b> Lavender (Lamiaceae, Lavandulaangustifolia Esters)</p> <p><b>Rationale:</b> Healing to skin (spots on client's face), aches and pains, depression, anxiety</p>

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

Carrier oil/s selected	Oil: <i>Almond Oil (Rosaceae, Prunus communis)</i> Rationale: <i>chosen for its nourishing properties. Mrs CD's skin was slightly dry on the body and she did not have a nut allergy.</i>						
	Oil: <i>Evening Primrose Oil (Onagraceae, Oenothera biennis)</i> Rationale: <i>contains GLA- an essential fatty acid and is suitable for the face</i>						
Possible alternative oils	<i>Bergamot -Uplifting, immune system; Rose damask- Anti-depressant, relaxing, sedative; Clary Sage- Muscle relaxant , uplifting</i>						
Blend ratio <i>include specific amounts of each essential and carrier oil used</i>	<table border="0"> <tr> <td><b>Body:</b></td> <td><i>4 drops - Marjoram</i></td> </tr> <tr> <td><i>15mls Almond Oil</i></td> <td><i>2 drops -Geranium</i></td> </tr> <tr> <td><i>5 mls Evening Primrose Oil</i></td> <td><i>1 drop- Lavender</i></td> </tr> </table>	<b>Body:</b>	<i>4 drops - Marjoram</i>	<i>15mls Almond Oil</i>	<i>2 drops -Geranium</i>	<i>5 mls Evening Primrose Oil</i>	<i>1 drop- Lavender</i>
	<b>Body:</b>	<i>4 drops - Marjoram</i>					
<i>15mls Almond Oil</i>	<i>2 drops -Geranium</i>						
<i>5 mls Evening Primrose Oil</i>	<i>1 drop- Lavender</i>						
	Face: <i>5mls Evening Primrose Oil</i> <i>1 drop -Lavender</i>						
<b>Client signature</b> <i>To be signed before treatment.</i>	Please sign here to agree with, and consent to, the proposed treatment plan and oil blend.  Sign: <i>Client Signature</i> Date: <i>08/02/2021</i>						
<b>Treatment Notes – Treatment 1</b>							
Details of how treatment was conducted	<i>Mrs CD arrived for treatment after a very busy day. She appeared tense and said she was achy and tired. The treatment took place in the early evening so relaxing oils were chosen to soothe her active mind and prepare her for sleep later. Pain relief and relaxation were the aims of the treatment this evening.</i>						
Details of how the client felt during and after the treatment	<i>She relaxed quite quickly and almost fell asleep. Tension was felt in the shoulders/upper back. When I applied the pressure points either side of the spine, she felt some discomfort particularly in the lower back so I eased the pressure applied as I continued.</i>						
Notes on aromatherapy blend	<i>Client liked the scent and feel of the oil. It was a nice blend to work with.</i>						
Specific aftercare and home care advice given	<i>Mrs CD was given a glass of water to drink whilst I went through the after/home care advice with her. She needs to drink plenty of water as she does not drink much each day. We also discussed potential reactions to + treatment. She was advised that these should all pass within 24 hours and that they are quite normal reactions to treatment. Mrs CD cannot use a vaporiser at work because of the dogs, so I suggested 2 drops of Peppermint oil on a tissue for inhalation during the day if feeling fatigued. She could also use oil in the bath - 3 drops in a tablespoon of milk added to a full bath of water, approximately twice per week.</i>						
Reflective practice and action for next treatment	<i>I was wary of the overuse of oils with this client, as I did not want to overload a potentially sensitive system. As I was slightly worried about potential reactions to treatment, I did not want to advise the use of oils too often initially. Mrs CD expressed a preference for flowery odours after trying some of the oils and I selected lavender and geranium. However my oil choice was slightly limited due to the suspected epilepsy. It was quite daunting working on someone with a serious health problem. As the client felt quite achy and fatigued, I increased the number of drops of Marjoram to help with the muscular aches and pains and used plenty of effleurage to warm the tissues and promote oil absorption.</i>						
<b>Therapist Signature</b>	Please sign here to confirm information is correct. Sign: <i>Therapist Signature</i> Date: <i>08/02/2021</i>						

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

<b>Follow Up Treatment Planning – Treatment 2</b>	
Treatment date and location	16/02/2021 – Aroma Rooms
Any client feedback or changes to client consultation / history.	Mrs CD had gone to bed early after the last treatment. The next day, she had a headache that lasted all day. She had used the Geranium oil once in the bath and said it made her feel relaxed but sleepy. Another evening session. Mrs CD said that she was looking forward to relaxing. She was less achy even though she had groomed lots of dogs. Relaxation, stress relief, mood lifting, and immune system support were the treatment aims.
Any new condition/s to treat and suitable essential oils	No changes
Contraindicated oils / oils to avoid include reason	Due to possible epilepsy, avoid: Eucalyptus (Myrtaceae, Eucalyptus globulus) Fennel (Apiaceae, Foeniculum vulgare), Rosemary (Lamiaceae, Rosmarinus officinalis )
Treatment plan	Mrs CD said that she had felt a bit low this week, possibly as a result of doing too much. Her facial skin seemed a little clearer, so Bergamot was chosen to uplift rather than Lavender.
Essential oils selected	Oil: Clary Sage (Lamiaceae, Salvia sclarea, Esters) Rationale: Managing menopause, relaxing, stress relief, uplifting  Oil: Geranium (Geraniaceae, Pelargonium graveolens, Alcohols) Rationale: Immune system support, depression  Oil: Bergamot (Rutaceae, Citrus bergamia, Esters) Rationale: Depression, anxiety, combination skin, immune system
Carrier oil/s selected	Oil: Almond Oil (Rosaceae, Prunus communis) Rationale: chosen for its nourishing properties. Mrs CD's skin was slightly dry on the body and she did not have a nut allergy.  Oil: Evening Primrose Oil (Onagraceae, Oenothera biennis) Rationale: contains GLA- an essential fatty acid and is suitable for the face
Possible alternative oils	Rose damask- Antidepressant, relaxing sedative; Ylang Ylang - Antidepressant, sedative; Basil -Fatigue, antidepressant, nervine; Thyme - Antispasmodic, tonic, immune system
Blend ratio include specific amounts of each essential and carrier oil used	Body: 3 drops -Clary Sage 15ml Almond Oil 3 drops - Geranium 5ml Evening Primrose Oil 1 drop- Bergamot  Face: 5ml Evening Primrose Oil 1 drop- Bergamot 1
Client signature	Please sign here to agree with, and consent to, the proposed treatment plan and oil blend.
To be signed before treatment.	Sign: Client Signature Date: 16/02/2021

Treatment Notes – Treatment 2	
Details of how treatment was conducted	<p>Mrs CD was tense in her lower back but she had been working hard this week. She did not report any noticeable backache however. Her main concern this week was her mood. She said she felt quite 'down' but could not explain why.</p> <p>I remembered that she had found the pressure points uncomfortable either side of her lower back, so I applied less pressure there to start and then increased it to a level that she was comfortable with.</p>
Details of how the client felt during and after the treatment	<p>She relaxed well but did not fall asleep and talked for a little while about her day. She grew quiet as the treatment progressed.</p>
Notes on aromatherapy blend	<p>No specific notes.</p>
Specific aftercare and home care advice given	<p>She felt thirsty after the treatment and quickly drank the water provided. Mrs CD was keen to use oils for inhalation as I mentioned that this could help raise her spirits or clear her head. Petitgrain and Peppermint were recommended. Whilst she cannot use the oils in a vaporiser at work, she can use them at home in the evenings to relax and wind down from a busy day - Lavender Marjoram or Clary Sage were recommended. She was given the correct advice on how to use a vaporiser.</p>
Reflective practice and action for next treatment	<p>Mrs CD relaxed well. It took quite a while to select the oils for this treatment. It is important to select oils the client likes as they would become conscious of an odour they dislike and not relax fully as a result. I also had to spend more time massaging her lower back so adjusted my treatment timing. My hands felt a little stiff when I applied the lymphatic drainage movements on the legs, but I am sure that this will improve with practice. I shall aim to consciously practice lymphatic drainage movements prior to CD's next treatment.</p>
Therapist Signature	<p>Please sign here to confirm information is correct.</p> <p>Sign: <span style="margin-left: 100px;">Therapist Signature</span> <span style="margin-left: 100px;">Date: 16/02/2021</span></p>

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

<b>Follow Up Treatment Planning – Treatment 3</b>					
Treatment date and location	24/02/2021 – Aroma Rooms				
Any client feedback or changes to client consultation / history.	She felt really relaxed after the last treatment and slept well afterwards. The next day she felt 'groggy' and tired all day. This did not last. As a result, she said that she would like to relax but not quite as much!				
Any new condition/s to treat and suitable essential oils	No changes				
Contraindicated oils / oils to avoid include reason	Due to possible epilepsy, avoid: Eucalyptus (Myrtaceae, Eucalyptus globulus) Fennel (Apiaceae, Foeniculum vulgare), Rosemary (Lamiaceae, Rosmarinus officinalis )				
Treatment plan	<p>Mrs CD arrived looking very tired. She had to go to a meeting later in the evening so she needed something that would revive her, as she needed to be alert to take minutes. She had experienced a busy week and worked late one day. This had upset her whole week and she had been struggling to catch up ever since. Her MS symptoms have not been a problem, and she is feeling reasonably well. We tested several oils before deciding on the final blend.</p> <p>Treatment aims were to uplift, relieve stress and support the immune system.</p>				
Essential oils selected	<p><b>Oil:</b> Basil (Lamiaceae, Ocimum basilicum, Alcohols)  <b>Rationale:</b> Antidepressant, cephalic, nervine, muscular aches and pains</p> <p><b>Oil:</b> Lemon (Rutaceae, Citrus limon, Monoterpenes)  <b>Rationale:</b> Immunostimulant, tonic, uplifting</p> <p><b>Oil:</b> Geranium (Geraniaceae, Pelargonium graveolens, Alcohols)  <b>Rationale:</b> Uplifting, astringent</p>				
Carrier oil/s selected	<p><b>Oil:</b> Almond Oil  <b>Rationale:</b> chosen for its nourishing properties and I have used it successfully in previous treatments. Mrs CD's facial skin is slightly drier this week so I will use Almond oil on the face in place of the Evening Primrose Oil.</p>				
Possible alternative oils	<p>Grapefruit- Antidepressant, stimulant;  Juniper -Analgesic, stimulant, tonic;  Lemongrass - Antidepressant, stimulant, uplifting, tonic.</p>				
Blend ratio include specific amounts of each essential and carrier oil used	<table border="0"> <tr> <td style="vertical-align: top;"> <b>Body:</b> 20mls Almond Oil </td> <td style="vertical-align: top;"> 3 drops - Basil  3 drops -Lemon  1 drop -Geranium </td> </tr> <tr> <td style="vertical-align: top;"> <b>Face:</b> 5mls Almond Oil </td> <td style="vertical-align: top;"> 1 drop- Geranium </td> </tr> </table>	<b>Body:</b> 20mls Almond Oil	3 drops - Basil 3 drops -Lemon 1 drop -Geranium	<b>Face:</b> 5mls Almond Oil	1 drop- Geranium
<b>Body:</b> 20mls Almond Oil	3 drops - Basil 3 drops -Lemon 1 drop -Geranium				
<b>Face:</b> 5mls Almond Oil	1 drop- Geranium				
Client signature	Please sign here to agree with, and consent to, the proposed treatment plan and oil blend.				
To be signed before treatment.	<table border="0"> <tr> <td style="vertical-align: top;">Sign:</td> <td style="vertical-align: top;">Client Signature</td> <td style="vertical-align: top;">Date: 24/02/2021</td> </tr> </table>	Sign:	Client Signature	Date: 24/02/2021	
Sign:	Client Signature	Date: 24/02/2021			

Treatment Notes – Treatment 3	
Details of how treatment was conducted	<i>Focused on effleurage movements and relaxing repetitions rather than applying too much pressure.</i>
Details of how the client felt during and after the treatment	<i>She did almost fall asleep at one point, even though the blend was supposed to invigorate her. Her skin seemed a little drier this evening and absorbed the oil quite quickly. After the treatment she looked brighter and said that she felt good and less tired.</i>
Notes on aromatherapy blend	<i>I was actually surprised by this blend- we worked through several oils before Mrs CD found one that was acceptable. I originally thought that it was too harsh and tried to recommend some other oils but Mrs CD really liked it, and seemed very upbeat after the treatment.</i>
Specific aftercare and home care advice given	<i>I advised her to drink plenty of water and gave her a few drops of Basil and Lemon mixed in a bottle to use on either a tissue or in her vaporiser as needed and discussed previously.</i>
Reflective practice and action for next treatment	<i>I must learn to guide the client sensitively in their choice of oils and not try to select oils that I prefer. Mrs CD does not seem to be suffering any MS symptoms at the moment, only fatigue.  My pressure point application is more specific now and Mrs CD is quite happy with the pressure. For stress relief, I think that this routine is more beneficial; the effleurage movements seem to calm the client down quickly and the oils are helping with muscular aches and pains.</i>
Therapist Signature	<p>Please sign here to confirm information is correct.</p> <p>Sign: <i>Therapist Signature</i> Date: <i>24/02/2021</i></p>

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

Follow Up Treatment Planning – Treatment 4	
Treatment date and location	02/03/2021 – Aroma Rooms
Any client feedback or changes to client consultation / history.	Mrs CD arrived and seemed in a good mood. She said that she was sad that this was our last treatment session, as she looked forward to them. She has not experienced any aches and pains and feels that the massage is really helping.
Any new condition/s to treat and suitable essential oils	No changes.
Contraindicated oils / oils to avoid include reason	Due to possible epilepsy, avoid: Eucalyptus (Myrtaceae, Eucalyptus globulus) Fennel (Apiaceae, Foeniculum vulgare), Rosemary (Lamiaceae, Rosmarinus officinalis )
Treatment plan	As this was her last treatment, I wanted to use one of the more expensive oils to 'pamper' her. We tested Rose damask, Neroli and Jasmine. Mrs CD preferred Rose damask so I incorporated it into the blend.  Proposed treatment to uplift, relax, and aid stress symptoms.
Essential oils selected	Oil: Basil (Lamiaceae, Ocimum basilicum, Alcohols) Rationale: Antidepressant, cephalic, nervine, muscular aches and pains
	Oil: Bergamot (Rutaceae, Citrus bergamia, Esters) Rationale: Antidepressant, uplifting, relaxing, strengthens immune system
	Oil: Rose damask (Rosaceae, Rosa damascena, Alcohols) Rationale: Antidepressant, relaxing, sedative, tonic
Carrier oil/s selected	Oil: Almond Oil Rationale: Chosen for its nourishing properties and it has been readily absorbed by Mrs CD's skin in previous treatments.
	Oil: Jojoba Oil Rationale: Jojoba was chosen for the face, as she did not like Almond oil last week. Jojoba mimics sebum and is easily absorbed by skin.
Possible alternative oils	Jasmine - Relaxing, sedative, tonic; Neroli - Antidepressant, antispasmodic, relaxing, sedative, tonic, uplifting; Cedarwood Atlas- Sedative; Petitgrain - Antidepressant, sedative; Cypress - Menopausal symptoms, tonic
Blend ratio include specific amounts of each essential and carrier oil used	Body: 20ml Almond Oil 2 drops - Basil 4 drops - Bergamot (bergaptene free) 1 drop -Rose damask
	Face: 5 ml Jojoba 1 drop - Rose damask
Client signature	Please sign here to agree with, and consent to, the proposed treatment plan and oil blend.
To be signed before treatment.	Sign: Client Signature Date: 02/03/2021

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

<b>Treatment Notes – Treatment 4</b>	
<b>Details of how treatment was conducted</b>	The massage routine I used consisted mainly of effleurage and lymphatic drainage movements, which seemed to calm the client.
<b>Details of how the client felt during and after the treatment</b>	She quickly relaxed and actually fell asleep during this treatment. It was a surprise as I had chosen oils to uplift her! After the treatment, she said that she had particularly enjoyed the Rose Damask oil used on her face. She also said she felt like a weight had been lifted from her and she felt relaxed but not sleepy.
<b>Notes on aromatherapy blend</b>	It was her favourite of the blends used over the last four weeks, and seemed to lift her spirits almost immediately. I used Jojoba but found it too sticky on the face and will continue to use Evening primrose in future for this client. Almond oil was suitable for the body, but Mrs CD does not like the feel of it on her face.
<b>Specific aftercare and home care advice given including plans for follow up treatment.</b>	She had a glass of water and visited the toilet. Mrs CD was reminded of the general aftercare. She could increase her use of oils now to reinforce any professional treatments and I gave her a list of suitable oils with suggestions for the most beneficial. I recommended that she continue with aromatherapy massage at least once per month to help with her stress levels and general relaxation. I put the remainder of the facial oil into a bottle for her to take home and reapply nightly. She should take up an activity like yoga or Pilates to help keep her body supple and prevent aches and pains. She could also try meditation or breathing exercises to help lower her stress levels.
<b>Reflective practice</b>	I felt that this treatment was successful. I did not want to sedate her but to help her gently relax and I think the blend chosen did that. My pressure point techniques have improved; I am more accurate in my placement and confident applying a suitable pressure for the client. I have also learned to be sensitive to areas of tension when applying pressure, as it can be uncomfortable for the client. I concentrated on using uplifting oils overall rather than heavily sedative oils to try to achieve balance.
<b>Overall case study reflection and target for continual professional development</b>	This was a very interesting case study to work on. I am glad to have had the opportunity to work with someone who has serious health issues- it was good experience and I felt that I did help to balance her moods and energy levels through the use of the oils, massage and my home care recommendations.  I need to gain more knowledge about the menopause and its effects and to this end I have booked myself on to a weekend course specifically designed for tailoring aromatherapy treatments for this particular client group.
<b>Therapist Signature</b>	Please sign here to confirm information is correct.  Sign:                      Therapist Signature                      Date: 02/03/2021

**NB: This example only includes 4 treatments. Full case studies require a series of 6 treatments per client.**