

Case Study Report Form

Student Name:	Report number:	Date:
Client Name:	Length of this consultation:	
Client Background		
Age:	General State of Physical Health:	
General State of Emotional Health:		
Client's Primary Concern:		
Product(s) you made: (ex. lotion, spray, bath salt)		about how to use it)
Product Recipe: <i>(Use additional copies of this page for more than one product)</i>		
Type of Product:	Drops/mls/oz	
List all ingredients including carrier. Essential oils: Use Common Name, <i>Latin</i> : <i>Value</i> .		
What is the dilution of your product? Directions for using this product: <i>(include dose, how often to use it per dciy: how many days to use it for, how to store, and any other details</i>		
Client's First Name: Report Number:		

Explain the reason for choosing each essential oil in your blend.
Mention any specific therapeutic properties, components, emotional qualities, plant parts, chemical families and actions that supported your choice for adding this oil to your blend.

If your blend was not effective, what adjustments could you make to your recipes?
What other products could you use for your clients concern/issue (for example, an inhaler, bath blend, cleaning product or diffuser blend)?

During the consultation, did the client smell different oils and discuss what types of aromatherapy products they might find useful? Would you do anything differently if you had the chance to do this consultation over again?