

Alexandra Avery Aromatherapy
Body Botanicals and Custom Blending
Since 1974

PERSONAL ESSENCE PROFILE

Mail this form to Alexandra Avery: 42 Palione Place Kailua, Hawaii 96734

Name _____ Age _____ Birthday _____

Address _____

Gender: F / M Pregnant: Y / N

Phone: _____ Email _____

Current health concerns _____

- stress management
- skin problems
- blood pressure: __high __low
- frequent headaches
- allergies
- digestion problems
- sleep imbalances
- depression
- aches and pains

Current prescribed medications _____

Dietary overview _____

(daily water, coffee, carbonated beverages, alcohol, carnevour, vegetarian, etc.)

I am __an athlete, __very active, __not very active.

I want more _____ in my life.

Preferred scent category __floral, __citrus, __spicy, __woody.

My personality is more __introverted or __extroverted.

My food taste leans toward __sweet, __spicy, __salty.

Anything else you want to work on with Aromatherapy?