



Aromatic Kinesiology® Consultation Form

Name: _____ Date: _____

Goal or context for the session: aspect of life / issue / symptoms

Client self-evaluation: energy / pain / stress (0 being lowest, 10 being highest)

0 _____ 10

Pre-Test Checks:

Boundary setting points

K27 – both sides
Thymus
Spleen 21 – both sides

Brain activation

CV 24 / GV 27 - top/bottom Lips
Coccyx – front and back brain
balance
Hydration – pinch the skin on the
neck gently

The 6 energy Flows – correct with

LG&G
Earth, Body, Heart, Mind, Spirit, All
That Is

Assess goal or context with muscle testing to fine tune and calibrate the relevance

Protocols:

1. Signature stress buster balance
2. Testing positive statements process
3. Rose Integration sequence
4. Nurture balance
5. Chakra balance two
6. Skin harmony balance
7. Defusing negative stories / anxiety
8. Addiction process
9. Comforting a broken heart
10. Stillness process



Protocol: _____

Essential Oil: _____ Barometer: _____ / _____

Client Self-Assessment: At the close of the session have the client re-assess their situation ie. What do they feel, think or notice now?

Client Self Re-evaluation: energy / pain / stress

0 _____ 10

Facilitator Observations of the Process:

Support Strategies:

Next appointment: