



## BEESWAX SCOTLAND SAMPLE CONSULTATION

Name .....

Address .....

.....

Date of Birth .....

Please give details of the pain your relief oil is intended for, such as headaches or joint pain.

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Are you currently suffering from any illness? If so, please give details .....

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Do you take any medication? If so, please give details of medication & frequency .....

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Please provide information regarding any allergies & medication frequency .....

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Does your skin react when wearing perfume in sunlight? .....

If yes, which perfume has caused a reaction? .....

Using the information supplied here, your bespoke relief oil will be researched & blended.

This website has not been evaluated by UK Medicines & Healthcare Products Regulatory Agency (MHRA). Products are not intended to diagnose, cure or prevent any disease. If a condition persists, please contact your medical professional. Information provided is not a substitute for a face-to-face consultation with a healthcare provider & is not intended to be construed as medical advice.