CASE STUDY SUBMISSION

A case study involves many details so that another practitioner could see if the information contained would be useful for a similar client (similar sex, age, health history, current condition, etc.). Unfortunately, in many instances, case studies are not generalizable. Therefore, it is so important to gather as many case studies as possible so that research firms, such as Franklin Health Research, can comb through data to determine if some case studies can be compiled into one analysis (meta-analysis to be precise). Whether your case has a positive outcome or not, the more information collected, the more we can share how we are practicing with ingredients (the combinations are endless with essential oils, herbs, carrier oils, and so much more).

Please use this case study guide to help collect essential information for a more robust case. These are questions that should be asked before, during, and after your time with a client. If you find there is more information to give that can be helpful, write it at the end. Unrelated information is much easier to leave out than vital information is to obtain after the case has been resolved.

When recording the case study, here are some words/phrases that will be used in this questionnaire:

DEFINITION OF TERMS

Client - the person, patient, or case who is seeking your professional advice

Condition - diagnosis or reason for the client to be seeking your professional advice

Formula - a recipe of what ingredients were used and how much of each ingredient

Technique - any tools or movement implemented with the protocol (inhalation, massage, ingestion, skin application, etc.)

Dilution - the percentage of total essential oils or herbs in a formula with a carrier

Dosage - the amount of blend used at a given time of day

Duration - the amount of time and/or number of days the protocol will be used

CASE STUDY TEMPLATE

(For practitioner use)

1.	What is the age of the client*? years old						
2.	What is the client's gender? MALE FEMALE GENDER NON-						
	CONFORMING						
3.	What race/ethnicity does the client identify?						
4.	Has the client used CAM before this case? YES NO						
5.	In 1-2 paragraphs, please describe the client's health history. (Use this space to take notes while with your client.)						
6.	Are they currently under the care of a doctor or licensed care provider? NO YES						
7.	. Does the client have a clinical diagnosis? NO YES						
8.	3. If yes, what is the client's diagnosis? Collaborative						
9.	Is the client currently on other medications prescribed by a medical practitioner? NO YES						

10. If yes, please list any <u>medication</u> , the <u>dosage</u> *, and <u>duration</u> * the client has been taking each.	ng
II. Which of the following does your client currently use? Describe what they use (does or quantity, how often, and how long they have been taking).	age
Herbal supplement	
Multi-vitamin	
Homeopathic remedy	
Over-the-counter medicine	
Individual vitamins	
Other supplements	
12. In 1-2 paragraphs, provide the client's condition* that brought them to you. (If the came with more than one condition, please limit the condition to the major issue addressed per case study write-up.)	clien
Case Study Collaborative	

13. What type of protocol* did you create for your client?
14. What was the formula* of your protocol? (Note: If you do not want to give away proprietary information list the essential oils used and then the dilution of the entire blend of oils.)
15. What techniques* were used at the appointment to utilize the oils?
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16. Can the client perform the techniques themselves at home? NO YES
17. Please list the products used for the client's health concern. (List ALL essential oils, CO ₂ s, vegetable oils and hydrolats).

^{18.} Please consider ONLY the **essential oils and CO₂s** used with the client. List **ALL** the EOs or CO₂s used and indicate the quantity of each product used. (Drops are not translated well so please use grams, milliliters, teaspoons, or equivalent. One drop of essential oil and CO₂ select is approximately 0.03gm/30 mg.)

19. Did you dilute your essential oil blend? NO YES
20. Please list ALL INGREDIENTS you used in addition to the EOs and CO ₂ s and the quantity used. (Remember to label with grams, mL, oz., tsp., etc).
21. What dosage of the formula was used at one time? (During each topical application, inhalation exercise, or ingested at one time).
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22. What was the duration you instructed the client to use the protocol? (Please see above for definition)
Case Study Collaborative
23. Do you believe the client did use the oils at home? NO YES
24. Did you follow up with your client after they left the appointment? NO YES
25. How long after the appointment did you follow up with the client?

26.	Ask your client and record the answer here: Circle the words that best describe the overall change in the primary complaint since the start of the treatment.						
ignifican	tly worse	somewhat worse	unchanged	somewhat improved	significantly improved		
27	. How did y	you measure succes	ss?				
28.	What wo	uld you do the same	e if you had th	e opportuni <mark>ty</mark> to wor	k with this condition*		
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			_				
29.	What wo	uld you do different	ly if you had the	he opportunity to wo	rk with this condition		