

# Application for Practitioner Discount and Referral Network

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (office) \_\_\_\_\_ (home) \_\_\_\_\_

## General Description of Practice

Please describe your health practice (chiropractor, psychiatrist, counselor, etc.): \_\_\_\_\_

Is your practice full- or part-time? \_\_\_\_\_

How many clients do you see per week (average)? \_\_\_\_\_

Do you work alone or with other practitioners? \_\_\_\_\_

What health and counseling methods do you use? \_\_\_\_\_

Do you do flower essence consultations by telephone or mail? \_\_\_\_\_

## Professional Information

Describe your educational background and special training relating to the health field: \_\_\_\_\_

What degrees and/or licenses do you hold? \_\_\_\_\_

## Use of Flower Essences

How long have you been using flower essences? \_\_\_\_\_

What range of essences do you use? \_\_\_\_\_

How are essences used in your practice? Are they your primary tools for healing, or are they used to support other types of therapies? What methods do you use to administer the essences? \_\_\_\_\_

How do you select essences? \_\_\_\_\_

Describe your record-keeping procedures: \_\_\_\_\_

Are you actively working with research essences? \_\_\_\_\_

## Essential Oils

Are you working with essential oils? Please describe how they are used in your practice: \_\_\_\_\_

**Follow-up and Research**

Do you do follow-up visits with your clients to check their progress? \_\_\_\_\_

Are you willing to share case histories for research and educational purposes? \_\_\_\_\_

Are you willing to be interviewed on your use of flower essences? \_\_\_\_\_

**Other Services**

Do you offer classes or other educational services? \_\_\_\_\_

Other than dispensing flower essence dosage bottles, do you sell flower essences and other health products to your clients, and/or to the general public? \_\_\_\_\_

**Practitioner Network** *(requires current membership in the Flower Essence Society)*

Do you wish to be part of the FES Practitioner Referral Network? \_\_\_\_\_

Please describe your fee rates. Do you have a flat fee, or sliding scale? Do you bill insurance? \_\_\_\_\_

When are you available for consultations? \_\_\_\_\_

What are the best days of the week, times of day, and phone numbers to reach you? \_\_\_\_\_

Are you engaged in any educational or research projects about which you would like to be contacted? \_\_\_\_\_

**Additional information**

Please tell us anything additional about yourself and your practice which you think would be important for us to know. We are especially interested in hearing your insights about any particular flower essences or essential oils you are using. (Please attach another page if necessary -- we appreciate hearing from you!) \_\_\_\_\_

**Please attach your business card**, brochure, and/or catalogues, or any news clippings or flyers which describe your work.

**Flower Essence Services, P.O. Box 1769, Nevada City, CA 95959 USA**  
**Tel: 530-265-0258, Order Desk: 800-548-0075, Fax: 530-265-6467**