



MY  
ESSENTIAL OIL  
NOTEBOOK

# DAILY ROUTINE

NAME: \_\_\_\_\_

MORNING

AFTERNOON

EVENING

# CONTACTS

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_



# ESSENTIAL OIL INVENTORY













ESSENTIAL OIL  
USAGE  
JOURNAL

# USAGE JOURNAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ailment: \_\_\_\_\_

Oils: \_\_\_\_\_

Effectiveness: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ailment: \_\_\_\_\_

Oils: \_\_\_\_\_

Effectiveness: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ailment: \_\_\_\_\_

Oils: \_\_\_\_\_

Effectiveness: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ailment: \_\_\_\_\_

Oils: \_\_\_\_\_

Effectiveness: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ailment: \_\_\_\_\_

Oils: \_\_\_\_\_

Effectiveness: \_\_\_\_\_



# ESSENTIAL OIL RECIPES















ESSENTIAL OIL  
INFORMATION

## MY ESSENTIAL OIL INFO

Essential Oil/Oil Blend: \_\_\_\_\_

Contents: \_\_\_\_\_

\_\_\_\_\_

Uses: \_\_\_\_\_

\_\_\_\_\_

Purchased From: \_\_\_\_\_

Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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Rate: ★ ★ ★ ★ ★



ESSENTIAL OIL  
NOTES

