

Ayurveda Health Consultation Intake Form

Name:

Address:

Telephone:

e-mail:

Age:

DOB:

Time of birth:

Male/Female

Would you like to receive guidance based on your Vedic Astrological Chart?

Primary Concerns:

What are your health goals?

Past Medical History (please include any childhood & recent illnesses, surgeries/hospitalizations/accidents):

Please mention any significant recent life events/ changes/ difficulties/ stressors which may be impacting your emotional or physical health:

Medications/ vitamins/ supplements/ herbals medicines (please list all):

Allergies:

Family History:

Exercise/ physical activity: (type/ number of days per week):

Yoga/ meditation/ pranayama practice:

Menstrual Cycle:

Number of days between each cycle: Duration:

Issues (please describe):

Menopause:

Symptoms (please describe):

Digestion (circle):

Gas/ bloating /abdominal discomfort/pain

Acid Indigestion/ Heartburn/ Nausea/ Vomiting/
ulceration/ bleeding

Heaviness with digestion/ Sleepiness after eating/ Low energy after meals

Please describe any digestive symptoms:

Appetite (circle):

Irregular (hunger is unpredictable)/ Forgets to eat

Excessive hunger/ regular hunger/ sharp hunger/ feeling of shakiness with hunger/ Irritability with hunger / for-
gets to eat because of overwork

Lacking of true hunger but eats anyways/ dull appetite /emotional eating

Elimination:

Number of times per day:

Any issues with elimination? Constipation/loose

Skin: (circle):

Dry/ cracked / rough/ thin/ discoloration/ freckles

Oily/ rash/ hives/ redness/ acne/ redness/ warm/ itchy

Cold/ clammy/ soft/ thicker

Joints: Osteoporosis/Osteopenia/Arthritis/popping and cracking of joints?

Sleep:

Time to bed:

Time to wake:

Difficulty falling asleep? Wake at night for any reason? Rested upon waking?

Body Temperature (circle):

Runs hot/ runs cold/ clammy skin/

Prefers hot weather/ prefers cold weather

Night sweating

Mental Emotional States (circle any that apply):

Creative/ artistic/ playful/ flexible/ spontaneous/ talkative/ excitable

Forgetful/ spaced out/ anxiety/ worry/ fear/ insecurity/ anxiety/ loneliness/ nervousness/ lack of focus/ lack of concentration/ fidgety/ difficulty sitting still/ moves a lot/ changes relationship/jobs/homes frequently/ travels a lot/ restless

Goal- oriented/ organized/ intelligent/ focused/ ambitious/ structured/ routine/ clean/ seeker of knowledge/ analytical/ leader

Irritability/ anger/ judgmental/ aggressiveness/ critical/ resentful/ envious/
sharp tongued/ seeks power, prestige, position/ competitive/ perfectionist/ strict

Nurturing/ compassionate/ loving/ dreamy/ romantic/ grounded/ practical/graceful/patient

Takes care of others but not self/ depression/ moves slowly/ talks slowly/attachment/ lazy/ lethargy/ resistant to change/ sloppy/ boredom / unforgiving/ dullness

Diet:

Vegetarian/ Vegan/ Non-vegetarian/other (circle)

Food Sensitivities/ Allergies:

Food cravings (circle and list specifics):

sweet/ salty/ spicy/ sour/ hot foods/ cold foods

Please describe meals/drinks + time of day:

Breakfast

Lunch

Dinner

Snacks/time of day:

Most recent physical exam:

Any recent labs (please attach copy of labs & medications if available):

Physician name/number:

Height: Weight: Blood Pressure: Cholesterol:
