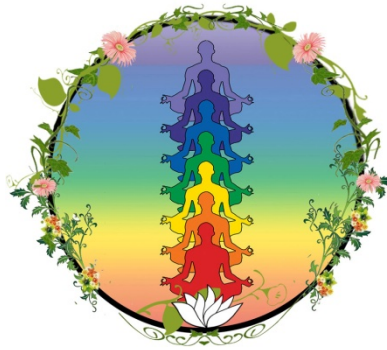


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Contact Information

First Name:	Last Name:
Address:	City, State, Zip:
Primary Phone:	Secondary Phone:
Email:	Age:
Marital/Partner Status:	Children/Ages:
Pregnant: YES/NO	Occupation:

Medical History – Include Dates and Details

<u>Diagnosed Illnesses:</u>
<u>Hospitalizations:</u>
<u>Operations:</u>

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Family History – Circle and Indicate Family Member

Cancer:
Diabetes:
High Blood Pressure:
Heart Disease:
Stroke:
Mental Disorder:
Other:

Current Digestive and Psychological/Emotional Health Challenges - Check

Abdominal Pain	Diarrhea	Self-destructive
Belching	Unformed stool	Irritable
Regurgitation	Rectal pain	Anger
Gas	Bloody stool	Resentment
Burning Indigestion	Mucous stool	Jealousy/Envy
Vomiting	Unusual stool color	Critical
Nausea	Worry	Intense
Heavy after eating	Anxiety/Fear	Sadness
Low energy after eating	Overwhelm	Depression
Bloating	Spacey	Greediness
Constipation	Insomnia	Lethargy

Other Current Health Challenges

<u>Physical:</u>
<u>Psychological/Emotional:</u>

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Health goals

Physical:

Psychological/Emotional:

Habits – Circle and describe when and how often

Caffeine: YES/NO

Alcohol: YES/NO

Tobacco: YES/NO

Other Substances: YES/NO

Diet – Describe what you typically eat

Breakfast:

Lunch:

Dinner:

Snacks:

Water and Beverages:

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Daily routine

	Time	Activity	Variations
Morning			
Awake			
Meal			
Afternoon			
Meal			
Evening			
Meal			
Sleep			

Nature and Spiritual Practice – Describe Practice and Frequency

<u>Time in Nature:</u>
<u>Spiritual Practice:</u>

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Informed Consent and Disclaimer

A Clinical Ayurveda Specialist is not trained in Western diagnosis or treatment and will not make suggestions about altering your medical care or medications. In the United States, Ayurveda is a non-licensed profession. Its practice was formally legalized under the passage of Senate Bill 577 in January 2003. If you are suffering from a disease or symptom that has not been evaluated by a Medical Doctor or another licensed health care professional, I recommend that you receive a proper evaluation. As part of the Initial Consultation, I may take your blood pressure and vital signs, and perform some examination techniques similar to a routine medical examination, I am evaluating my findings from an Ayurvedic perspective only and not from a Western medical perspective.

This examination does not take the place of a medical evaluation. If during the examination, any findings are suggestive of a possible medical imbalance I will refer you to a Medical Doctor for further evaluation. By signing below, you give your permission to Love Ayurveda and Yoga to begin a program of Ayurvedic health care with a Clinical Ayurveda Specialist.

Patient's Signature: _____
Today's Date: _____