

Ayurveda Simple Intake Form

Personal Information

First Name _____ Last Name _____

Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

Mobile phone _____ Other phone _____

Email _____ May I add you to my mailing list-Y / N

Emergency Contact _____ Phone _____

Current Occupation _____

Main Health Complaint

Why did you choose an Ayurveda consultation

Present Health

Please describe your present health problems, their onset, and duration.

1.

2.

3.

How have your health problems progressed since they began?

Stable____ Gradually Improving____ Rapidly Improving____ Fluctuating____

Gradually worsening____ Rapidly worsening____

Please indicate the overall intensity of your symptoms.

Mild____ Moderate____ Severe____ Very Severe____

How often are you experiencing discomfort or pain?

Daily____ Weekly____ Several times per week____ Monthly____

If you take nonprescription drugs, vitamins or supplements, please list.

If you are currently under the care of a physician or other health professional, please provide details.

If you are taking medication or receiving care from your health condition please list treatments and medications.

Do you have any past medical history that will help me understand your current health condition?

If there is a family history of any health problems, please list.

For Men Only

Please indicate which of the following areas are problematic. Describe.

Hernias Prostate Urination Stress
Other:

For Women

Age menses started_____ **Age menopause started/ended**_____

Please indicate which of the following areas are problematic. Describe.

Menstrual Cycle PMS Pain with intercourse Vaginal discharge
Other:

Do you have any of the following symptoms?

Acne Fluid retention Headaches Depression Anxiety Tension/Anger
Loneliness Frustration Nightmares Hot Flashes Night Sweats

Do you experience Stress?

Describe what stress means to you.

How often do you feel stress?

Do you smoke? If yes, what, how much and how often?

Do you drink alcohol? If yes, what, how much and how often?

Do you meditate or do any form of relaxation? If yes, what?

Do you do yoga or other gentle stretching or exercise? If yes, what?

Daily Routine (dinacharya)

What time do you wake in the morning? _____ What time do you go to bed? _____

Do you sleep or nap during the day? _____ If yes what time? _____

How do you generally feel when you wake in the morning? (Check)

Rested _____ Refreshed _____ A little tired _____ Moderately tired _____ Very tired _____

How would you describe your experience of sleep?

Sound, normal duration _____ Light, interrupted _____ if so, what time? _____

Too heavy and/or long _____ Difficulty falling asleep _____ Fall asleep easily _____

Awaken too early _____ Difficulty waking up _____ Frequent nightmares _____

How would you describe your dreams?

Frequent, flying, running, moving, fearful

Moderate, occasionally colorful, angry, violent, dramatic

Infrequent, watery, romantic, loving and friendly

What position do you sleep in? (check)

Back _____ Stomach _____ Left side _____ Right side _____ Other _____

What direction does your head point during sleep? (Check)

North _____ South _____ East _____ West _____

Northeast _____ Northwest _____ Southeast _____ Southwest _____

How regularly do you follow your ideal routine? (to bed early, exercise, regular meals on time, limited television and computer time)

Very regular _____ Somewhat regularly _____ Irregularly _____

Describe your morning routine after you wake up?

Do you delay or suppress any of the following:

Sleep ___ Bowel movements ___ Gas ___ Urination ___ Yawning ___ Burping ___
Thirst ___ Breathing ___ Hunger ___ Sneezing ___ Tears ___ Coughing ___

Elimination

How many times do you urinate during the day?

How many times do you get up to urinate once you have gone to sleep?

Describe your urine. (circle)

Clear ___ Cloudy ___ Yellow ___ Light/clear ___ Smelly ___ Little smell

Frequent ___ Urgent ___ Burning ___ Large quantity ___ Small quantity ___ Normal

How many glasses/ounces of water do you drink a day?

How do you prefer to drink your water? (circle) hot cold room temp

How often do you have a bowel movement?

When do you have a bowl movement - time of day?

Do you need a laxative? If yes what do you take and how often?

Other:

Describe your Feces: (circle)

Dry ___ hard ___ small ___ often constipated ___ undigested food particles

Normal ___ well sized ___ large ___ thick ___ sluggish ___ soft ___ unformed

Do you have any of the following with your bowel movement? (circle)

Pain ___ Blood ___ Mucus ___ Foul smell ___ Explosive ___ Watery

Hemorrhoid ___ Fissure ___ Fistulas ___ Diverticuli ___ Crohns ___ IBS ___ Celiac

*Have you had a colonoscopy?

When?

What were the results of colonoscopy?

Exercise

How often do you exercise?

What type of exercise do you do?

What type of exercise do you enjoy the most?

How long (duration of time) do you exercise each time?

What is the intensity of your exercise? Light ____ Moderate ____ Vigorous ____

Do you work up a sweat?

How would you describe your activity and exercise? (Circle)

Active ____ restless ____ start then lose interest ____ like to move ____ change often
Regular ____ spurts of intensity ____ disciplined ____ excessive ____ competitive
Lethargic ____ slow ____ do it with much hesitation ____ sometimes resistant

Diet/Nutrition

Describe the food you typically eat.

Breakfast:

Lunch:

Dinner:

Snacks:

Do you eat between meals?

Do you eat your meals at regular times? What times?

Circle the most appropriate.

Which is your biggest meal? Breakfast Lunch Dinner

Rate your digestion. Good Fair Poor

Hunger Level? Variable Strong Low

Eating speed Quick Medium Slow

What are your eating habits?

Eat with full attention on food ____ Converse while eating ____ Eat very quickly

Watch television while eating ____ Rarely sit down to eat ____

Describe your diet.

Vegetarian ____ Vegan ____ Gluten Free ____ Lacto-vegetarian ____ Paleo ____
Other:

What is your favorite taste?

Sweet Salty Sour Bitter Pungent Astringent

Describe your appetite. (circle)

Variable scanty inconsistent irregular with meals and times

Strong excessive intense and tendency to over eat

Slow steady like to snack and nibble

Miscellaneous Questions

What type of weather makes you feel most UNCOMFORTABLE?

Cold Hot Cool and Damp

Are you allergic to any of the following?

Food (what) Pollen Dust Other:

Do you drink caffeinated beverages? How much?

How would you rate your usual energy level?

Very high

High

Moderate

Low

Very Low

How often do you take time for yourself? Please describe.

Is there anything else you would like to discuss?

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Constitutional Questionnaire (Long form)

Instructions:

- For each category, put a check in the box that most represents you. You may have characteristics of all three choices. Make a choice, and decide on the box that is the closest to the way you have been the most consistently throughout your life, especially your earlier years.
- Remember back to your earliest childhood years, and compare yourself to other children at that age. For example, were you in the chubbiest 1/3, the skinniest 1/3, or the middle 1/3, of, say, 3 year olds? Ask your parents.
- Ask the advice of a friend or spouse, especially for negative characteristics, which can be difficult to self-assess.
- Make only 1 check for each item.
- Do not split answers.
- Put a check for each item.
- Do not overrate yourself as pitta. Since pitta is in the middle column, many people check the pitta column as a compromise.
- Add the checks in each column
-

Characteristic	Kapha	✓	Pitta	✓	Vata	✓
Frame	Large frame		Medium frame		Thin frame	
	Stout, Thick		Moderately developed		Poorly developed	
	Taller than average		Average height		Exceptionally tall or exceptionally short	
	Muscles not visible		Muscles well defined		Muscles thin &ropy	
Body weight	Heavy, obese		Moderate		Low	
	Bones covered by flesh		Bones moderately visible		Prominent bones	
Head	Large		Moderate size		Small	
	Steady		Moderately steady		Unsteady	
Hair	Thick		Fine		Scanty	
	Very oily		Oily		Dry	
	Full		Early balding		Kinky	
	Wavy		Soft		Coarse	
Eyes	Dark or Light		Yellow, red, Early gray		Brown, Black	
	Big		Medium size		Small	
	Wide		Medium width		Thin	
	Prominent		Penetrating gaze		Unsteady, Active	
	Blue		Green, gray		Brown, black	
Forehead	White sclera		Yellow or red sclera		Gray sclera	
	Oily		Moist		Dry	
	Large		Folds, lines		Small	
	Thick		Fine		Small	
Eyebrows	Bushy		Moderate thickness		Thin, irregular	
	Large		Moderate size		Small	
Eyelashes	Oily		Fine		Dry	
	Thick		Thin		Firm	
	Thick		Medium width		Small	
Nose	Firm		Soft		Crooked	
	Oily		Moderately oily		Dry	
	Thick		Moderate thickness		Thin	
Lips	Large		Moderate size		Small	
	Oily		Moderately oily		Dry	
	Firm		Red		Dark	
	Smooth		Soft		Unsteady, quivering	
Teeth	Large		Moderate size		Protruded	
	Sturdy		Soft		Brittle or cracked	
	White		Yellow		Gray	
Gums	Full		Even		Spaces	
	Thick		Pink		Thin	
	Pale		Bleeding		Receding	
	Soft and wet		Soft and mushy		Crooked	
	Oily, slimy		Moderately oily		Dry	

Speech	Slow	Cutting	Chaotic
	Melodious	Incisive	Continuous
	Definite	Argumentative	Quick
	Reticent	Convincing	Talkative
Voice	Deep	High pitch	Weak
	Pleasant	Sharp	Hoarse
	Clear tone	Strained	Variable
Shoulders	Broad, thick	Moderate size	Flat, small
	Oily	Moderately oily	Dry
Chest	Broad, well developed	Moderate	Narrow, poorly developed
Arms	Large, thick, developed, full	Moderate	Small, thin
Hands	Large, thick	Moderate thickness	Small
	Oily	Moderately Oily	Dry, rough, cracked
	Cool	Warm	Cold
	Wide	Moderate width	Narrow
	Pale	Pink or yellow	Shake, Prominent veins & knuckles
Calves	Round	Soft	Hard
	Full	Loose	Small
Feet	Large	Moderate	Small
	Thick	Soft	Thin
	Full	Pink	Dry, rough, cracked
Nails	Large, thick	Moderate	Small, thin
	Smooth, oily	Soft	Dry, rough
	White	Pink	Brittle, fragile
Skin	Thick	Medium thickness	Thin
	Very oily	Slightly oily Moist, Soft	Dry, Rough
	Cool	Warm	Cool
	Skin "tags", cysts	Moles, Freckles, Acne, Pink	Cracks
	Veins obscured	Veins moderately visible	Veins visible
Complexion	Pale	Fair	Dull
	White (or light, washed-out)	Red (ruddy, flushed) or yellow	Brown, black, gray
Joints	Thick, move smoothly	Medium, Soft, Loose	Thin, Crackling, Unstable
Elimination	Slow, heavy, regular	Diarrhea	Constipation, pain
Feces	Oily	Oily	Dry
	Thick, solid	Loose, soft	Hard
	Mucus	Burning	Gas
	Large size	Medium size	Small
	Large quantity	Medium quantity	Scanty
Urine	White	Yellow or red	Gray
	Cloudy	Burning, stinging	Difficult
	Cool	Warm	Cold
	Profuse	Moderate	Scanty, concentrated
Sweat, Body odor	Moderate, cold, pleasant	Profuse, hot, strong	Little
Activity	Lethargic	Moderate, Mid-length	Short bursts
	Stately	Purposeful, Goal setting	Active, Talkative, Nervous

Appetite	Slow, Steady	Excessive, Strong	Variable, Erratic, Low
Thirst	Slight	Excessive	Variable
Sleep	Heavy, Deep, Long, Excessive, Difficulty waking	Short and sound	Insomnia, Light
Mind	Calm, Slow, Steady	Aggressive, Perceptive	Restless, Curious, Short attention
Personality Strength	Loyalty	Leadership	Creativity
	Calm	Productivity	Artistry
	Contentment	Determination	Visionary
Personality Weakness	Greed	Jealousy	Anxiety
	Attachment	Irritability	Insecurity
	Self-centered	Aggression	Fear
Memory	Slow to Memorize, Good retention	Moderate, clear	Generally poor Short term good, Long term poor
Dreams	Water, Romance, Few Dreams	Angry, Passion, Color, Fire, Conflict	Active, Flying, Fear, Involved, Nightmares
Faith	Steady	Determined	Changeable
	Loyal	Fanatic	Unsteady
	Socially conservative	Leader	Rebel
Habits	Slow, steady, dull, water, sailing, cosmetics, business	Critical, intense, Sports, Politics, hunting	Indecisive, Quick, Changeable, Moving, Traveling, Stories, Dance
Spending Habits	Slow to spend, saves	Moderate	Quick, impulsive
Strength, Exertion	Stamina, inertia, slow to start	Moderate, heat sensitive	Low, poor, start & stop quickly
Sexual Nature	Desire low, constant	Desire moderate	Desire strong
	Energy good, stamina	Passionate, dominating	Energy low, erratic, deviant, kinky
	High fertility	Moderate fertility	Low fertility
Sensitivity (fear, dislike)	Cold, damp	Heat, sun, fire	Cold, wind, dryness
Disease Tendency	Mucus, congestion, water	Inflammation, Infection, Heat, Fever	Pain Nerve diseases
Disease Resistance	Strong immunity	Medium, subject to infections	Poor, weak immunity
Medication Reaction	Slow	Medium	Quick
	Requires high dose	Requires moderate dose	Low dose
	Few side effects	Aspirin sensitivity	Many side effects, nerve reactions
Pulse	Slow, deep, steady (swan)	Moderate, bounding (frog)	Feeble, irregular, rapid (snake)
	Total	Total	Total