

PERSONAL HEALTH INFORMATION

PERSONAL DATA

Name: _____ Date: _____ Referred by _____

Address: _____ Phone - Day: _____

City/State/Zip: _____ Phone - Eve: _____

Birthday: _____ Occupation/Employer: _____

Primary Health Care Provider: _____ Phone: _____

Permission to consult with primary provider? Please initial if yes. Yes No

Emergency contact: _____ Phone: _____

MESSAGE HISTORY/TREATMENT INFORMATION

Have you ever received a professional massage? Yes No If yes, frequency _____ Date of last massage _____

What results do you want from your massage sessions? _____

Prioritize the areas of your body that you would prefer to be massaged _____

Please check the areas of your body that you give permission to receive massage:

back legs buttocks arms abdomen chest neck head face other _____

Are you currently seeing a medical practitioner? Please explain if yes. Yes No _____

Are you currently seeing a psychotherapist or are you attending regular support group meetings? Please explain if yes. Yes No _____

List stress reduction and exercise activities Include frequency. _____

List current medications, including aspirin, ibuprofen, etc. _____

PREVIOUS HISTORY (Include year and treatment received)

Surgeries _____

Accidents _____

HEALTH HISTORY

MUSCULO-SKELETAL

- ___ bone or joint disease _____
- ___ tendonitis _____
- ___ bursitis _____
- ___ broken/fractured bones _____
- ___ arthritis _____
- ___ sprains/strains _____
- ___ low back, hip, leg pain _____
- ___ neck, shoulder, arm pain _____
- ___ headaches/head injuries _____
- ___ spasms/cramps _____
- ___ jaw pain/TMJ _____
- ___ lupus _____
- ___ other _____

CIRCULATORY

- ___ heart condition _____
- ___ varicose veins _____
- ___ blood clots _____
- ___ high blood pressure _____
- ___ low blood pressure _____
- ___ lymphedema _____
- ___ breathing difficulty _____
- ___ sinus problems _____
- ___ allergies _____
- ___ other _____

INFECTIOUS DISEASE

- ___ disease name(s): _____
- _____
- _____

SKIN

- ___ allergies _____
- ___ rashes _____
- ___ athletes foot _____
- ___ warts _____
- ___ other _____

DIGESTIVE

- ___ constipation _____
- ___ gas/bloating _____
- ___ diverticulitis _____
- ___ irritable bowel syndrome _____
- ___ other _____

NERVOUS SYSTEM

- ___ herpes/shingles _____
- ___ numbness/tingling _____
- ___ chronic pain _____
- ___ fatigue _____
- ___ sleep disorders _____
- ___ other _____

REPRODUCTIVE

- ___ pregnant? Stage _____
- ___ PMS _____
- ___ other _____

OTHER

- ___ cancer/tumors _____
- ___ diabetes _____
- ___ eating disorders _____
- ___ depression _____
- ___ drug/alcohol addiction _____
- ___ nicotine/caffeine addiction _____

It is my choice to receive massage therapy. I realize that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well being is being compromised.

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

SIGNATURE: _____

DATE: _____

Things Which Do Not Change & Childhood Part I

Ayurvedic Constitutional Questionnaire

**On each line check the statement which best describes you.
Occasionally no statement, or more than one will best describe you.**

Interpreting Part I - Characteristics which do not change The choices that you pick here reveal your original metabolic type. This is the body type that you were born into that you were meant to experience the world in. Of course, lifestyle, diet, climate, etc can and will shift you from this (see Part II characteristics which change), but the result will be compromised immunity and health. The distribution of your answers may reveal you to be predominately one type or a mixed type, and this basic configuration (VPK) is where your health lies. Remember your numbers here and compare them to your Part II configuration.

VATA	PITTA	KAPHA
<input type="checkbox"/> 1. <u>Frame</u> : small & thin, tall or thin, underdeveloped	<input type="checkbox"/> 1. <u>Frame</u> : medium build, moderate physique, balanced & proportional	<input type="checkbox"/> 1. <u>Frame</u> : thick, tall or short, well-developed
<input type="checkbox"/> 2. <u>Head</u> : small, thin,	<input type="checkbox"/> 2. <u>Head</u> : medium	<input type="checkbox"/> 2. <u>Head</u> : large
<input type="checkbox"/> 3. <u>Forehead</u> : small	<input type="checkbox"/> 3. <u>Forehead</u> : medium, receding hairline	<input type="checkbox"/> 3. <u>Forehead</u> : large
<input type="checkbox"/> 4. <u>Eyes</u> : gray sclera, brown or black, small unsteady, jumpy	<input type="checkbox"/> 4. <u>Eyes</u> : red sclera, green, amber, gray, blue, sharp, penetrating, medium	<input type="checkbox"/> 4. <u>Eyes</u> : clear, white sclera, blue-black, liquid, large
<input type="checkbox"/> 5. <u>Eyebrows & Lashes</u> : thin, small	<input type="checkbox"/> 5. <u>Eyebrows & Lashes</u> : medium	<input type="checkbox"/> 5. <u>Eyebrows & Lashes</u> : thick, bushy
<input type="checkbox"/> 6. <u>Nose</u> : crooked, thin, small	<input type="checkbox"/> 6. <u>Nose</u> : medium, reddish	<input type="checkbox"/> 6. <u>Nose</u> : large, wide, thick
<input type="checkbox"/> 7. <u>Lips</u> : thin, small, irregular	<input type="checkbox"/> 7. <u>Lips</u> : medium, red, pink	<input type="checkbox"/> 7. <u>Lips</u> : large, full
<input type="checkbox"/> 8. <u>Teeth</u> : irregular, crooked,	<input type="checkbox"/> 8. <u>Teeth</u> : even, medium	<input type="checkbox"/> 8. <u>Teeth</u> : gleaming, large
<input type="checkbox"/> 9. <u>Hair</u> : dry, thin, coarse, curly, split ends, black or brown	<input type="checkbox"/> 9. <u>Hair</u> : thin, soft, fine, straight, red or light brown or blonde	<input type="checkbox"/> 9. <u>Hair</u> : thick, wavy, lustrous, dark brown
<input type="checkbox"/> 10. <u>Chin & Jaw</u> : receding, small, pointed	<input type="checkbox"/> 10. <u>Chin & Jaw</u> : medium	<input type="checkbox"/> 10. <u>Chin & Jaw</u> : thick, large
<input type="checkbox"/> 11. <u>Neck</u> : unsteady, small, thin	<input type="checkbox"/> 11. <u>Neck</u> : medium, sturdy	<input type="checkbox"/> 11. <u>Neck</u> : thick, large
<input type="checkbox"/> 12. <u>Shoulders</u> : narrow, thin	<input type="checkbox"/> 12. <u>Shoulders</u> : medium, balanced	<input type="checkbox"/> 12. <u>Shoulders</u> : thick, broad, firm
<input type="checkbox"/> 13. <u>Chest</u> : narrow, twisted, pigeon or concave	<input type="checkbox"/> 13. <u>Chest</u> : medium, balanced	<input type="checkbox"/> 13. <u>Chest</u> : large, broad

Things Which Do Not Change & Childhood - (Part I)
- (Continued) -

- | | | |
|---|--|--|
| <p><input type="checkbox"/> 14. <u>Hips</u>: narrow</p> <p><input type="checkbox"/> 15. <u>Hands & Feet</u>: small & thin or long & thin</p> <p><input type="checkbox"/> 16. <u>Joints</u>: irregular, protruding</p> <p><input type="checkbox"/> 17. <u>Nails</u>: cracked, brittle, hang nails</p> <p><input type="checkbox"/> 18. <u>Body Hair</u>: dark, coarse, scanty or over-abundant</p> <p><input type="checkbox"/> 19. <u>Skin</u>: dark complexion relative to your family, tans easily</p> <p><input type="checkbox"/> 20. <u>Skin Thickness</u>: thin, less than 1/4 " on forearm</p> <p><input type="checkbox"/> 21. <u>Childhood</u>: thin as a child, difficulty gaining weight</p> | <p><input type="checkbox"/> 14. <u>Hips</u>: medium</p> <p><input type="checkbox"/> 15. <u>Hands & Feet</u>: medium</p> <p><input type="checkbox"/> 16. <u>Joints</u>: medium, regular</p> <p><input type="checkbox"/> 17. <u>Nails</u>: red nail beds, nails bend</p> <p><input type="checkbox"/> 18. <u>Body Hair</u>: fine, light texture</p> <p><input type="checkbox"/> 19. <u>Skin</u>: fair skin, sunburns easily, freckles, moles, pink or yellowish</p> <p><input type="checkbox"/> 20. <u>Skin Thickness</u>: medium, 1/4-1/2" on forearm</p> <p><input type="checkbox"/> 21. <u>Childhood</u>: medium build, periods of gaining & losing weight</p> | <p><input type="checkbox"/> 14. <u>Hips</u>: large</p> <p><input type="checkbox"/> 15. <u>Hands & Feet</u>: large fingers, squarish/thick toes</p> <p><input type="checkbox"/> 16. <u>Joints</u>: large, fleshy</p> <p><input type="checkbox"/> 17. <u>Nails</u>: thick nails, don't break</p> <p><input type="checkbox"/> 18. <u>Body Hair</u>: moderate, wavy</p> <p><input type="checkbox"/> 19. <u>Skin</u>: tans evenly, pale, white</p> <p><input type="checkbox"/> 20. <u>Skin thickness</u>: thick, 1/2"+ on forearm</p> <p><input type="checkbox"/> 21. <u>Childhood</u>: large build, gained weight easily</p> |
|---|--|--|

TOTALS -

_____ Vata

_____ Pitta

_____ Kapha

Things Which Change Questionnaire

- Part II -

Symptoms within the last year

Part II - Characteristics Which Change. This shows where your balance is now. Total your VPK here and compare them to your original VPK to see how you've shifted. Many of these characteristics are symptoms of imbalance and you may wish to be free of them. Example, if you were born primarily Vata but in part II demonstrate a shift into Kapha symptoms like weight gain, fluid retention, craving sweets, this shows a Kapha imbalance that needs correcting.

Characteristics Which Change

VATA	PITTA	KAPHA
<input type="checkbox"/> 1. Difficulty gaining weight.	<input type="checkbox"/> 1. Can gain or lose weight if puts mind to it.	<input type="checkbox"/> 1. Gains weight easily, hard time losing unless exercise.
<input type="checkbox"/> 2. Gains around belly.	<input type="checkbox"/> 2. Gains evenly, especially chest.	<input type="checkbox"/> 2. More weight in hips and bust.
<input type="checkbox"/> 3. Cold hands and feet.	<input type="checkbox"/> 3. Skin warm to touch.	<input type="checkbox"/> 3. Skin cool but not cold.
<input type="checkbox"/> 4. Dry skin, chaps easily, prone to corns and callouses.	<input type="checkbox"/> 4. Oily skin, prone to pimples and rashes.	<input type="checkbox"/> 4. Thick skin, well lubricated.
<input type="checkbox"/> 5. Suffers cracked, chapped lips often.	<input type="checkbox"/> 5. Lips tendency toward cold sores, fever blisters.	<input type="checkbox"/> 5. Full, moist lips.
<input type="checkbox"/> 6. Dry hair, lusterless, split ends	<input type="checkbox"/> 6. Oily or early gray hair, early thinning or baldness possible.	<input type="checkbox"/> 6. Thick, slightly wavy hair, a little oily, lustrous.
<input type="checkbox"/> 7. Dislikes dryness and cold and wind (craves warmth).	<input type="checkbox"/> 7. Dislikes heat and sun, craves cool.	<input type="checkbox"/> 7. Dislikes humidity, craves dryness.
<input type="checkbox"/> 8. Tongue dry with thin, grayish coating.	<input type="checkbox"/> 8. Tongue coating yellowish, orange or reddish.	<input type="checkbox"/> 8. Tongue swollen with thick, curdy, white coating.
<input type="checkbox"/> 9. Eyes often dry and scratchy.	<input type="checkbox"/> 9. Sclera has reddish or yellow tinge (sclera=whites of eye). Sties.	<input type="checkbox"/> 9. Tendency toward eye puffiness.
<input type="checkbox"/> 10. Bowel movement can be irregular, hard, dry or constipated	<input type="checkbox"/> 10. Bowels loose - more than twice a day/diarrhea.	<input type="checkbox"/> 10. Large full movement, once a day/mucous, itching.
<input type="checkbox"/> 11. If ill: Nervous disorders, sharp pain likely.	<input type="checkbox"/> 11. If ill: Fevers, rashes or inflammation likely.	<input type="checkbox"/> 11. If ill: Swelling, fluid retention, mucous, congestion.

- 12. Sexual interest variable, fantasy life active.
- 13. Menses irregular, scanty flow, severe painful cramps.
- 14. Either indulge in rich food or on strict diet.
- 15. Receding gums.
- 16. Joints - painful, unsteady, cracking or stiff
- 17. Thirst: irregular
- 18. Appetite: variable
- 19. Sweat: lack of.
Odor: astringent
- 20. Urine: scanty, cloudy, colorless
- 21. Endurance: poor
- 22. Resistance: poor, tendency to acute allergies
- 23. Tongue: grey, coated, cracked

_____ Total VATA

- 12. Over-sexed, arouses easily.
- 13. May bleed heavily and long-loose stool accompanies period.
- 14. Loves proteins, caffeine and hot, spicy and salty foods.
- 15. Inflamed bleeding gums.
- 16. Joints - hot, swollen, burning.
- 17. Thirst: strong, excessive
- 18. Appetite: strong, excessive
- 19. Sweat: profuse.
Odor: sour, sharp
- 20. Urine: profuse, yellow
- 21. Endurance: medium
- 22. Resistance: medium, prone to infections
- 23. Tongue: red, yellow, coated

_____ Total PITTA

- 12. Steady sex, slow to arouse.
- 13. Prone to water weight during menses, slight cramps if any.
- 14. Loves sweets, dairy, bread and pastry.
- 15. Thick gums.
- 16. Joints - loose, aching, watery, swollen
- 17. Thirst: slight
- 18. Appetite: steady, slow
- 19. Sweat: moderate.
Odor: sweet, pleasant
- 20. Urine: moderate
- 21. Endurance: strong
- 22. Resistance: strong tendency to chronic respiratory problems
- 23. Tongue: white coated, scalloped edges

_____ Total KAPHA

The Mind Questionnaire

- Part III -

Part III - The Mind

The mind of each metabolic type demonstrates favorable and unfavorable characteristics. Vatas are creative thinkers but change their mind often. Pittas have good memory and organization skills but can tend toward snap decisions and running over people in their drive to get things done. Kaphas work well with routine and follow directions thoughtfully but are slow to make decisions and can lack creativity. Knowing yourself and understanding how you think can save you much discomfort. For example, if your questionnaire reveals that you have predominately Vata mind characteristics, you will be much happier in a job using your creativity rather than in management or repetitive routines.

The Mind

<u>VATA</u>	<u>PITTA</u>	<u>KAPHA</u>
<input type="checkbox"/> 1. Lack of concentration, short term memory good, but forgets quickly.	<input type="checkbox"/> 1. Good short and long term memory, logical, rational, thoughts.	<input type="checkbox"/> 1. Takes time to learn things, once learned, never forgets.
<input type="checkbox"/> 2. Dislikes routine - hard to structure	<input type="checkbox"/> 2. Enjoys planning and organizing, especially if you created it	<input type="checkbox"/> 2. Works well with routine
<input type="checkbox"/> 3. Difficulty deciding, changes mind easily	<input type="checkbox"/> 3. Rapid decision making, sees things clearly	<input type="checkbox"/> 3. Takes time making decisions, sticks with it
<input type="checkbox"/> 4. Restless, active, likes movement	<input type="checkbox"/> 4. Aggressive, likes competitive activities	<input type="checkbox"/> 4. Calm, likes to relax, leisure activities
<input type="checkbox"/> 5. Creative thinker	<input type="checkbox"/> 5. Organized thinker	<input type="checkbox"/> 5. Prefers to follow a plan or idea
<input type="checkbox"/> 6. Do many projects all at once	<input type="checkbox"/> 6. Constantly organizing, likes to proceed orderly	<input type="checkbox"/> 6. Resists change, new projects - likes simplicity
<input type="checkbox"/> 7. Know alot of people, few close friends	<input type="checkbox"/> 7. Very selective, but creates warm friendships, makes enemies easily	<input type="checkbox"/> 7. Loyal with many friends
<input type="checkbox"/> 8. Spends impulsively, money is to be used	<input type="checkbox"/> 8. Plans spending. Money is for achieving purpose	<input type="checkbox"/> 8. Spends reluctantly, likes to save
<input type="checkbox"/> 9. Speech: rapid, variable, changes subject often	<input type="checkbox"/> 9. Speech: sharp, orderly, serious, fluid	<input type="checkbox"/> 9. Speech: slow, thoughtful, melodious
_____ Total Vata	_____ Total Pitta	_____ Total Kapha