Health Information and History

CONTACT INFORMATION:				
Name:			Date:	
Home Address:				
City:		State/Region:	Post	tal Code/Zip:
Mobile Phone:	Home Phone:		_ Email:	
PERSONAL INFORMATION:				
DOB: (MM/DD/YYYY)		Time of	Birth (include AM/PM):	
Place of Birth: City:		State/Region:	C	Country:
Age: Gender:		Occupation:		
Marital Status:	Children & Ag	ges:		
Referred by:		Family Physic	cian:	
Primary Care Provider Name	& Title:			Phone:
Address:		City:	State:	Zip:
B) What would you like to a	achieve or change in term	ns of your health and	wellness?	
Drinking Alcohol: (what, how o	often, how much, how ma	any years)		
	J.			
0				_ Cholesterol:
Height: Weig	ght: N	eight Changes?		
What known allergies do you	have?			

What prescription drugs or medications are you currently taking or have taken within the last 6 months?

Prescription:	Reason	Duration taken	Current dosage	Quantity per	Frequency per day	Before/after/during or between meals

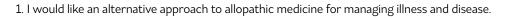
Herbal/ vitamin supplements	Reason	Duration taken	Current dosage	Quantity per	Frequency per day	Before/after/during or between meals

Attach additional sheet(s) if necessary

OBJECTIVES:

Please note that <u>Ayurvedic Consultations do not include medical diagnosis and treatments</u>. If you are concerned about a medical condition or a latent or potential medical condition you should see a medical doctor.

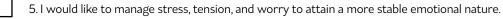
Please check the items that reflect your main objectives:



2. I would like to improve my general health and wellness and reduce my vulnerability to illness and disease.

3. I would like to improve my lifestyle and dietary practices to improve my health.

4. I would like to change my habits and behavioral patterns to improve my relationships with others.



How would your life be different if you were to achieve these objectives to your satisfaction?

C) <u>PERSONAL HISTORY</u>: Do you or your family members have a history of the following? (Please check boxes all that apply)

	Myself	Maternal	Paternal		Myself	Maternal	Paternal
Allergies to Food				Stroke			
Allergies to Drugs				Cerebrovascular Accident			
Dental Treatment Complications				Cancer			
Bleeding Gums				Chemotherapy			
Contact Lenses				Radiation Treatment			
Glaucoma				Hepatitis A			
Eye Surgery				Hepatitis B			
Pain in the Ear				Hepatitis Non-A / Non-B			
Ringing in the Ear				Mononucleosis			
Shortness of Breath				Jaundice			
Asthma				Anemia			
Pneumonia				Gallstone			
ТВ				Kidney Disease			
High Blood Pressure				Kidney Stones			
Low Blood Pressure				Bladder Disease			
Dizziness				Thyroid Condition			
Fainting				Thyroid Medication			
Seizures				Ulcers			
Convulsions				Intestinal Bleeding			
Epilepsy				Chronic Constipation			
Diabetes				Recurring Diarrhea			
Feet or Ankles Swelling				Arthritis			
Chest Pain				Implant			
Angina				Prosthesis			
Heart Murmur				Prolonged Bleeding If Cut			
Heart Attack				Psychiatric Treatment			
Heart Disease				Venereal Diseases (STDs)			
Heart Surgery				HIV Exposure			
Rheumatic Fever				Sleep Disorders			

	Il stresses, life-style conditions, addictions, alcohol, drug abuse, changes of weight, known allergies, or anything else to understand your health condition:
Exercise: Do yo	ou currently engage in any exercise or physical activity? If so, what type(s)?
Have you ever o	done Yoga postures before? If so, what type(s), how often?
*Εεμαί ές Ονι γ	: Age of onset of menses: Are you currently pregnant? Number of Weeks
	vious pregnancies:
Complications:	
Do you use Birt	:h Control? Yes No If so, what type(s)? How long?
Date of Last Me	enstrual Period: Length of cycle: Days between cycles:
Cycles: 🗌 Re	egular 🛛 Irregular Color of Blood: Flow: 🗌 Heavy 🔲 Medium 🔲 Light
Clots: Yes	s 🛛 No When? Pain and/or difficulty during cycle?
PN	1S symptoms:
	y other symptoms during cycle:
An	
	ast infections? Urinary tract infection (UTI) (frequency, duration):
Ye	
Ye. Me	ast infections? Urinary tract infection (UTI) (frequency, duration): enopausal stage / symptoms: her information:
Ye. Me	enopausal stage / symptoms:
Ye. Me Ot	enopausal stage / symptoms:

Category:			
Digestion	 Irregular with Bloating Gas/Flatulence Abdominal Discomfort Gurgling Intestines Breathlessness 	Quick digestion with Acid Indigestion Heartburn Burning pain Still hungry after eating Nausea Vomiting	 Slow digestion with Feeling of heaviness Lethargy Sleepy after eating Low energy after meals Excess mucous secretions
Appetite	☐ Irregular ☐ Sometimes eats at midnight	 Excess hunger Sharp hunger Desire to eat large amounts of food Strong unbearable appetite Feels hypoglycemic 	 Emotional eating (No urge for food but still eats) Dull / No appetite
Cravings	Fried food Hot spicy food Meat or other protein	Sweets Cooling foods & drinks	Hot, sharp, dry & spicy food Wine or alcohol
Elimination	 Tendency toward constipation Dry Irregular Defecates without satisfaction Passes gas during elimination 	Loose stools Diarrhea	Mucous in stool
Pain	 Shifting Tearing Moving Vague Throbbing Colicky Cutting Excruciating with breathlessness, fear and tachycardia 	 Burning Sharp Hot Migraine headaches Sucking pain with fever, nausea and irritability Intense pain 	 Dull Stable Deep dull aching pain Can sleep through the pain
Skin	Dry Cracked Rough Thin Discolored Patchy	Hives Rash Urticaria Acne Tender Warm/hot to touch Redness Boils Ruddy	Excess oily Thick Pallor Cold/clammy Lustrous Itchy
Sweating	Scanty or no sweat	Excess Profuse with body odor	Cold/clammy

Check All That Apply To You Currently And Within The Last Six (6) Months:

Category:			
Sleep	 Insomnia Need night light Restless Difficulty falling asleep 	 Interrupted sleep Must have complete darkness Needs to read/TV to sleep 	 Excess sleep Daytime napping Heavy sleeper Slow to awaken Hypersomnia
Seasonal Allergies	Breathlessness Wheezing Constricted Breathing	Rash Itching eyes Hives Irritation Inflammation	Runny nose Watery eyes Congestion
Food Sensitivity	Night shades Leftovers Dry fruits Raw food	Hot spicy foods Sour foods Fermented foods	Dairy products
Muscle Reactivity	Twitching Cramping Weakness Numbness Tingling Spasms	 Bruising Tenderness to touch Sore Excess heat 	Tumors Cysts Growths Generalized weakness
Bone and Joints	 Painful Popping Cracking Stiffness Loose Osteopenia Osteoporosis Medical fractures Scoliosis 	 Inflamed Hot / feverish Tender Inflammatory arthritis Osteomyelitis Bursitis 	 Swollen joints Bone tumors Bone spurs Osteosarcoma Non-inflammation with profuse infusion Sclerosis
Circulation	Cold extremities (hands, feet)	Burning hands / feet Bruises easily Tendency toward bleeding	Cold clammy hands Varicose veins Thrombotic element
Body weight	Variable Can't gain weight Thin or slender	Stable Tendency toward hyper metabolism	 Tendency to easily gain weight Over-weight Obese Voluptuous Stout

Category:						
General Symptomatology	 Dry cough Ringing ears Light-headed Dryness: external/internal Hemorrhoid: External/ non- bleeding Low back ache Irregular metabolism Dry mouth Receding gums Blackish brownish discoloration Fatigue Lack of power, tone & strength Paralysis Slipped disc Hernia Difficulty sweating Cold extremities (hands, feet) 	 Spontaneous bleeding Hyper-sensitive to smells Hair loss Excess thirst Hemorrhoid: Internal/bleeding Hot flashes Tendency toward inflammatory conditions Acidic saliva Hyper acidity Yellowish discoloration Fainting High metabolism 	Cold Cough Congestion Excess urination Frequent urination Fibrocystic Over salivation Edema Slow metabolism Albuminuria Lipoma(s) Cataracts			
Mental- Emotional	 Transient Depression Inability to concentrate Forgetful Worry Fear Anxiety Insecurity Loneliness Nervousness Grief Restlessness Repetitive thinking Spacey 	 Extreme depression with suicidal tendencies Anger Rage Resentful Judgmental Critical Envious Sharp tongued Vengeful Intolerant Irritable Aggressive Success-Failure mind set Seeks power, prestige and position 	 Prolonged depression Sloppy Slow Confused Greed Attachment Mental lethargy Resistant to change Laziness Unforgiving Stubborn Boredom 			
Nature of response within relationships	Talkative Uncertain Anxious Lonely Excitable Shy Spacey	 Seeks power, prestige and position Perfectionist Competitive Seeker of knowledge 	Based on acquiring comfort and pleasure			

Other (Not Listed Above): _____