



**Ayurvedic Health Center & Wellness Shop LLC**  
**203 W. Holly, Suite 201, Bellingham, WA 98225**

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## Ayurvedic Intake Forms

Please write legibly.

Name:		
Address:		
City, State, Zip:		
Telephone—Home:	Cell:	Work:
Email:	Birthdate:	Age:
Birthplace:	Exact Birth time:	
Where did you (mostly) grow up?		
What climate are you most comfortable being in?		
Marital/Partner Status:	# of Children:	Ages:
Occupation:		
Emergency Contact Name & Number:		
Please list why you have chosen to have an Ayurvedic Consultation:		
May we add your email address to our eNewsletter list? We typically send 1–2 emails per month.		
		Yes      No

### WHAT YOU CAN EXPECT FROM YOUR AYURVEDIC HEALTH CARE

Ayurveda is a natural healing system that has been successfully practiced for thousands of years. Originating in ancient India, this medical tradition states that each person's path toward optimal health is unique—because each person is unique. The healing programs we offer are based on effective, time-honored principles that focus on understanding your particular body-mind constitution and the unique nature of your imbalance.

Each individualized program is formulated by your practitioner for you. Your program may include lifestyle adjustments, dietary changes, herbs, color therapy, sound therapy, aroma therapy, massage therapy, and other natural therapeutics. In order to successfully implement these Ayurvedic principles into your life, frequent regular follow-up visits with your practitioner are recommended over a six- to twelve-month period.

The goal of all Ayurvedic programs is to create within your body and mind an optimum environment for healing to take place and to maximize your body's ability to heal itself.

Client's Signature:	Date:
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## Informed Consent

to authorize Complementary or Alternative Health Care through the Ayurvedic Health Center & Wellness Shop LLC  
All Clients who participate in Ayurvedic healthcare through the Ayurvedic Health Center & Wellness Shop LLC should be advised of the following information:

1. Your Ayurvedic Health Practitioner will work with you on the promotion of optimal health and well-being. Please note that your practitioner will not be working with you on specific Western medical diagnosable symptoms or diseases.
2. By changing your lifestyle and living more harmoniously with the cycles of nature, you will create within your body the optimum environment for healing to take place and a greater sense of well-being that will help you to thrive (and not simply survive).
3. If you are under medical care or the care of another healthcare provider, your work with your Ayurvedic Health Practitioner will complement the work being done by your other providers.
4. If you are not under the care of another healthcare provider, the work that you do with your Ayurvedic Health Practitioner will help prevent further disease and will support your overall well-being.
5. Your Ayurvedic practitioner is not a medical doctor, is not trained in Western medical diagnosis, and may not prescribe or alter your prescription medications.
7. While your practitioner may take your blood pressure and vital signs, and may perform some examination techniques similar to a routine medical examination, your practitioner is evaluating his/her 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, as a result of this examination, any findings suggestive of a possible medical imbalance are found, your practitioner will refer you to a Medical Doctor for further evaluation.
8. By signing below, you give your permission to Ayurvedic Health Center to use the information in your chart for research purposes. (Note: no patient names, addresses, phone numbers, or email addresses are included in research records.)

I have read and understand the above information and give my permission to begin a program of health promotion with an Ayurvedic Health Practitioner.

Client's Signature:	Date:
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## Financial Policy

Our goal is to provide and maintain a good practitioner-client relationship. Letting you know in advance of our office financial policy allows for a good flow of communication and enables us to achieve this goal. Please read this document carefully. If you have any questions, please do not hesitate to ask a member of our staff. This information is also available on our website.

1. Appointment rates for all offerings are available on our website (<http://AyurvedicHealthCenter.com>).
2. Payment for all visits, services, and treatments is due at the time of service.
3. Ayurveda is a non-licensed modality at this time in the United States. As such, the Ayurvedic Health Center & Wellness Shop LLC is unable to bill for services to health insurance plans.
4. Payment may be made by cash, check, or debit/credit card.
5. Your individual Ayurvedic health program often incorporates herbal formulas designed by your practitioner. There is an additional charge for the design of custom herbal formulas, preparation of the formula(s), and shipping (if applicable).
6. A \$45 fee will be charged for any checks returned for insufficient funds.
7. We require 24-hour notice for canceling any appointments. We charge 75% of the appointment fee for missed or cancelled appointments if a 24-hour notice is not given. This will be billed to your debit/credit card on file, and we will notify you of this charge via email. We often waive this fee for illness or emergencies.
8. Additional Service Fees

### Phone Consults

- a. no charge for under 5 minutes of Ayurvedic discussion and recommendations
- b. \$5 for 10 minutes of Ayurvedic discussion and recommendations
- c. \$25 for 11-20 minutes of Ayurvedic discussion and recommendations
- d. \$50 for 21-30 minutes of Ayurvedic discussion and recommendations

### Email Consults

- a. Follow up emails within 7 days of an office visit are free.
- b. \$35 per 15 minutes of practitioner's time. Practitioner time includes reading, researching, and responding to queries.

### Skype/FaceTime Consults

These are billed at the usual appointment rate.

I have read and understood these financial policies and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Client's Signature:

Date:

# Confidential Patient History

## Ayurvedic Health Center

### (1) Past Medical History

Please list any major condition(s) and dates of diagnosis, treatment, and procedures performed.

a. Are you under the care of a licensed health care professional or any other healthcare provider? If so, for what reason(s)?	Yes	No
b. Serious Illnesses:		
c. Hospitalizations:		
d. Operations:		
e. List other pertinent current or past conditions:		
f. Have you had any cosmetic surgery or procedures performed: If so, please list:	Yes	No

### (2) Family History

Indicate which members of your immediate family have had these conditions. (Go back one generation.)  
 (If adopted, answer according to family heritage, if known.)

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

### (3) Alcohol, Tobacco, and Substance Use

**Practitioner Notes:**

a. Do you drink alcoholic beverages?      Yes      No If yes, how often?      Daily      Several Times Weekly      Several Times Monthly      Seldom I usually choose:      Beer      Wine      Sweet or Hard Liquor	
b. Have you ever smoked tobacco?      Yes      No      If yes, how much per day? If you have quit smoking, when did you quit?	
c. Any current or past use of addictive or habitual substances?      Yes      No (Note: This will be kept confidential.) Please list all substances (either current or past usage):	

#### (4) Regular Practices

<input type="checkbox"/>	Exercise / Hatha Yoga (Specify)	None/Never	Occasional	Several Times per Week
			Daily	Several Times per Month
<input type="checkbox"/>	Team Sports / Recreation (Specify)	None/Never	Occasional	Several Times per Week
			Daily	Several Times per Month
<input type="checkbox"/>	Travel (include commute if applicable)	None/Never	Occasional	Several Times per Week
			Daily	Several Times per Month
<input type="checkbox"/>	Spiritual Practices (Specify)	None/Never	Occasional	Several Times per Week
			Daily	Several Times per Month
<input type="checkbox"/>	Meditation / Prayer / Pranayama (Specify)	None/Never	Occasional	Several Times per Week
			Daily	Several Times per Month
<input type="checkbox"/>	Other (include creative activities)	None/Never	Occasional	Several Times per Week
			Daily	Several Times per Month

#### (5) Relationship

a. Please indicate how nourished you feel in your relationship: (1 being the least nourished; 10 being the most nourished)	1	2	3	4	5	6	7	8	9	10
b. How often do you engage in sexual activity (include sex with a partner and masturbation)	Daily	Several Times Per Week	Several Times per Month	Occasionally	Not at all					
c. Is your current sexual activity satisfactory?	Yes	No								

#### (6) Allergies or Sensitivities

Do you have allergic reactions to any substances (including pollen, food, medicines)? If yes, please list:

Are there any foods you regularly avoid eating because they give you symptoms? If so, how long after eating do symptoms occur?

#### (7) Daily Liquid Intake (Include number of 8-ounce cups per day)

Caffeinated Coffee / Tea:	Herbal Tea or Juice:	Plain Water:
Decaff Coffee / Tea:	Soda:	Milk:
Grain / Nut Milk:	Other:	

#### (8) Habitual Eating Patterns

Describe any current or past eating patterns or any other food related issues.

## (9) Daily Schedule (Include approximate times)

What are your habitual activities from the time you wake up until you go to sleep? Include mealtimes, sleeping, exercise, work, and any activities that occur on a regular basis.

	Time	Habitual Activities	Notes
<i>Morning:</i>	<i>Awaken</i>		
	<i>Mealtime</i>		
	<i>Activities</i>		
<i>Day:</i>	<i>Mealtime</i>		
	<i>Activities</i>		
<i>Night:</i>	<i>Mealtime</i>		
	<i>Activities</i>		

## (10) Sleep Patterns

Describe your sleep patterns.

<i>What time do you regularly go to bed?</i>			<i>What time do you regularly go to sleep?</i>		
<i>Is it easy to fall asleep?</i>	Yes	No	<i>Is it easy to stay asleep?</i>	Yes	No
<i>Is it easy to get up in the morning?</i>	Yes	No	<i>Is it easy to go back to sleep?</i>	Yes	No
<i>Is it easy to sleep in heat?</i>	Yes	No			
<i>Describe any sleep issues you have:</i>					

## (11) Energy

Describe your energy.

<i>Do you need naps?</i>	Yes	No	<i>Does your energy flag? When?</i>	Yes	No
<i>How is your enthusiasm?</i>					
<i>Describe any energy issues you have:</i>					
<i>What is your energy flow / expense during the day?</i>					

## (12) Please list any additional information / concerns

**(13) Current Medications, Herbs, or Supplements**

What medications, herbs, supplements are you currently taking? Please include significant remedies that you have stopped taking, including birth control and hormone replacement therapies.

<i>Substance</i>	<i>Over-the-Counter or Prescription?</i>	<i>Herb/ Drug/ Vitamin?</i>	<i>Prescribed by? (ie: self, MD)</i>	<i>For what purpose?</i>	<i>For how long?</i>	<i>What dosage?</i>	<i>What have the benefits been?</i>

## (14) Mental-Emotional Balance

Please rate your orientation to these common mental-emotional states. You may check boxes in more than one column if that feels accurate to you. Focus on what is true for you over the course of your adulthood —OR— most of the time.

	✓ Sattva	✓ Rajas	✓ Tamas
Diet	<i>largely vegetarian, fresh, organic; few comfort foods</i>	<i>some meat, processed foods, or comfort foods</i>	<i>excess meat, processed foods, or comfort foods</i>
Drinking or Drugs	<i>never</i>	<i>some</i>	<i>frequent</i>
Sleep	<i>little</i>	<i>moderate</i>	<i>lots</i>
Sex Drive	<i>low</i>	<i>medium</i>	<i>high</i>
Control of Senses	<i>good</i>	<i>moderate</i>	<i>weak</i>
Speech	<i>calm, soft</i>	<i>agitated</i>	<i>dull</i>
Cleanliness	<i>high</i>	<i>moderate</i>	<i>low</i>
Work	<i>selfless</i>	<i>personal</i>	<i>lazy</i>
Anger	<i>rare</i>	<i>some</i>	<i>frequent</i>
Desire	<i>little</i>	<i>some</i>	<i>much</i>
Pride	<i>modest</i>	<i>ego</i>	<i>vain</i>
Depression	<i>never</i>	<i>some</i>	<i>frequent</i>
Love	<i>gives</i>	<i>takes</i>	<i>needs</i>
Violent	<i>never</i>	<i>sometimes</i>	<i>frequently</i>
Attached to Money	<i>no</i>	<i>somewhat</i>	<i>very</i>
Contentment	<i>yes</i>	<i>sometimes</i>	<i>never</i>
Forgiveness	<i>easily</i>	<i>with effort</i>	<i>holds grudge</i>
Concentration	<i>good</i>	<i>moderate</i>	<i>poor</i>
Memory	<i>good</i>	<i>moderate</i>	<i>poor</i>
Willpower	<i>strong</i>	<i>variable</i>	<i>weak</i>
Service	<i>frequent</i>	<i>some</i>	<i>rare</i>
Honesty	<i>always</i>	<i>mostly</i>	<i>rare</i>
Peace of Mind	<i>yes</i>	<i>occasional</i>	<i>rare</i>
Spiritual Study	<i>daily</i>	<i>occasional</i>	<i>rare</i>
Meditation	<i>daily</i>	<i>occasional</i>	<i>rare</i>
Expresses Joy	<i>always</i>	<i>sometimes</i>	<i>rarely</i>
	<b>Total Sattva</b>	<b>Total Rajas</b>	<b>Total Tamas</b>



# (15) Food Journal

## Day 1

Date:							
Time	Food/Beverage Consumed	Amount	Where	With Whom	Preparation Method	Hunger 0-5	Fullness 0-5

Is this a typical day? Yes / No / Explain:

# (15) Food Journal

## Day 2

Date:							
Time	Food/Beverage Consumed	Amount	Where	With Whom	Preparation Method	Hunger 0-5	Fullness 0-5

Is this a typical day? Yes / No / Explain:

# (15) Food Journal

## Day 3

Date:

Time	Food/Beverage Consumed	Amount	Where	With Whom	Preparation Method	Hunger 0-5	Fullness 0-5

Is this a typical day? Yes / No / Explain:



**Prak (body)**

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**Prak (mind)**

---

**Vik (body)**

---

**Vik (mind)**

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**Recos:**

## (15) Ayurvedic History

For each category please identify your tendency by placing an "X" in the box that is most appropriate for you.

If you are unsure or would like to speak to your practitioner about this, please place a check in the "?" column to the right.

Category	X	X	X	?	Practitioner Use
Appetite	I prefer to eat frequently, but my hunger level is variable, and I often forget to eat.	I have a strong appetite. I prefer to eat 3x/day and rarely skip meals.	I prefer to eat 2-3x/day, but I can go without eating with no discomfort.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Appetite	If I miss a meal, I often get light-headed, anxious	If I miss a meal, I often get irritable or angry.	If I miss a meal, it doesn't really bother me.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Digestion	After eating, I often experience gas or bloating.	After eating, I often experience heartburn or acidity.	After eating, I often feel heavy or sleepy.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Elimination	I tend to have irregular bowel movements one time per day or less.	I tend to have 1-2 bowel movements daily, usually with regularity and ease.	I tend to have one bowel movement per day with no straining or difficulty.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Elimination	My bowel movements are often dry and hard. At times I may strain or push.	My bowel movements are usually well-formed, but sometimes they are loose and may burn.	My bowel movements are usually well-formed, slow, and easy.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Weight	I usually don't gain weight very easily.	When I gain weight, it is easy to lose it.	I gain weight easily and lose it slowly.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Body Temp	My hands and feet often feel cold, and I prefer warmer climates.	I am warm most of the time no matter what the climate is.	I adapt easily to most conditions but tend to feel cold.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Skin	My skin tends to be dry. When very dry it tends to feel rough.	My skin flushes easily and has a reddish or yellowish shade.	My skin is thick, smooth, and often feels damp or oily.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Skin	When I have rashes, they tend to be dry and itchy. Blemishes are usually blackheads.	When I have rashes, they tend to be red and burning. Blemishes are usually acne.	When I have rashes, they tend to be wet and oozing. Blemishes are usually white pimples.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		
Sleep	I tend to sleep lightly and awaken very easily. It can be difficult for me to go to sleep.	I tend to sleep soundly and awaken with ease.	My sleep tends to be deep and long. It can be difficult for me to awaken in the morning.		
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		

—Vata—	—Pitta—	—Kapha—
Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>

## Mental and Emotional Patterns

Category		X		X		X	?	Practitioner Use
Stress	Under stress I often become worried, anxious, or overwhelmed.		Under stress I often become irritable, but I usually rise to the challenge.		Under stress, I often withdraw to observe or become reclusive.			
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>			
Decision-Making	I am changeable and often have difficulty making decisions.		I make decisions easily, but I can change my mind with new information.		I am careful but easy-going about making decisions.			
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>			
Projects	I like to start projects, but at times I have difficulty finishing them.		I like to start projects. Completion is important to me.		I like working on a project, but I prefer to let others start them.			
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>			
Affection	I show affection with words.		I show affection with gifts.		I show affection with touch.			
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>			
Change	Change is exciting.		Change is constant.		Change is unappealing			
	Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>			

—Vata— Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	—Pitta— Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	—Kapha— Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>
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## (16) For Women Only

Is there a possibility you are pregnant?	Yes	No	Are you perimenopausal?	Yes	No
Are you menopausal or post-menopausal?	Yes	No	If yes, date of last period:		
→ If post-menopausal or menopausal, please answer below according to your past menstrual patterns.					
My menstrual cycle is irregular. It comes every ___ to ___ days & lasts ___ days		My menstrual cycle is regular. It comes every ___ to ___ days & lasts ___ days			
Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>			
My menstrual flow is often light but may vary.		My menstrual flow is medium heavy and is usually consistent.		My menstrual flow is heavy and is very consistent.	
Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	
I often have severe, cramping pain during menses.		At times I have mild pain during menses.		I rarely have pain during menses.	
Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	
I experience PMS:		Often	Sometimes	Not at All	
PMS symptoms include:		Cramps	Bloating	Headache	
Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>		Irritability	Weight Gain	Breast Tenderness	
How frequently do you need to change a pad?			What size product do you buy?		
What level of concern do you have of spotting/staining?					

—Vata— Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	—Pitta— Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	—Kapha— Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>
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## (18) Ayurvedic Physical Assessment

Category	Qualities	Prakruti			Observations/Conditions
Face Shape	oval angular, square round				
Facial Energy	delicate, subtle passionate, intense soft, sweet				
Eyes	small, darting medium, deep-set, piercing large, gentle, moist				
Nose (size)	small medium large				
Nose (bridge)	narrow medium wide				
Lips	thin; one thin & one moderate medium thick				
Teeth	crooked, irregular, gray yellow, moderate size large, white				
Neck	long medium short				
Hair Traits	dry, kinky, frizzy, sparse fine, balding, early gray coarse, dense, oily				
Skin Thickness	thin medium thick				
Skin Condition	dry, rough, wrinkles slightly oily, moles soft, moist, oily, smooth				
Complexion	lacks luster ruddy, rosy pale				
Physique	slight, irregular moderate stocky, solid				
Bones	narrow, prominent joints moderate stocky, thick				
Palm of Hand	rectangular square square and fleshy				
Fingers	long, narrow medium, tapering short, thick				
Fingernails	thin, pliable, ridges moderate thick, strong				
Speech Patterns	enthusiastic, rambling concise, clear thoughtful, deliberate				
Other					

Total Prakruti:

V	P	K

## (19) Vital Signs

Height:	Blood Pressure:	Respiration:
Weight:	Temperature:	Pulse:

## (20) Tongue Assessment

AMA		VIKRUTI			PRAKRUTI		
		V	P	K	V	P	K
nirama	<input type="checkbox"/>	<input type="checkbox"/> tremors	<input type="checkbox"/> bumps	<input type="checkbox"/>	<input type="checkbox"/> thin, small, long (V)	<input type="checkbox"/>	<input type="checkbox"/>
samavata	<input type="checkbox"/> (gray, brown coating)	<input type="checkbox"/> scallops	<input type="checkbox"/> red	<input type="checkbox"/>	<input type="checkbox"/> medium, pointed (P)	<input type="checkbox"/>	<input type="checkbox"/>
samapitta	<input type="checkbox"/> (yellow, green coating)	<input type="checkbox"/> cracks	<input type="checkbox"/> froth	<input type="checkbox"/>	<input type="checkbox"/> large, round, pink (K)	<input type="checkbox"/>	<input type="checkbox"/>
samakapha	<input type="checkbox"/> (white, pale coating)	<input type="checkbox"/> dry	<input type="checkbox"/> neutral	<input type="checkbox"/> moist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thickness of Ama:	1      2      3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observations / Conditions:							

— Vata — Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	— Pitta — Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	— Kapha — Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>
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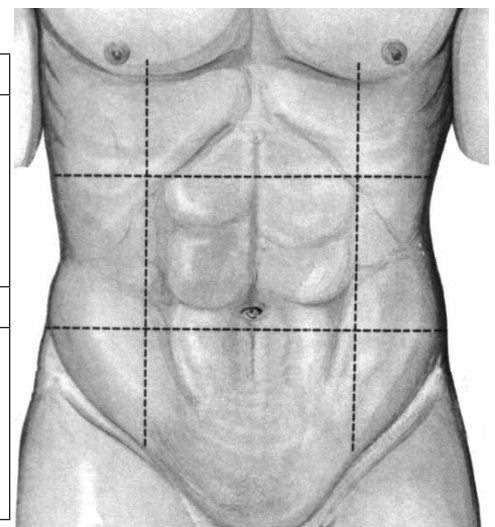
## (21) Pulse Diagnosis

<b>Superficial</b>	Air	Ether	Fire	Water	Earth	Dominant Position	Ojas (1-5)	Overall Vikruti
<b>Deep</b>	Air	Ether	Fire	Water	Earth	Dominant Position	Ojas (1-5)	Overall Prakruti
Other Perceptions:								

— Vata — Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	— Pitta — Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>	— Kapha — Practitioner Use: V <input type="checkbox"/> P <input type="checkbox"/>
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## (22) Abdominal Exam

<b>Visual Exam</b> Upon visual examination no unusual marking or distention were noted.	<b>Auscultation</b> Upon auscultation normal bowel sounds were noted and no bruits present.
<b>Percussion</b> Upon percussion normal tympany was noted in all four quadrants.	<b>Palpation</b> Upon palpation there were no masses or tenderness.





# Prakruti & Vikruti Worksheet

## Prakruti

Form	Vata	Pitta	Kapha
<i>Intake-15 page 1 (History)</i>			
<i>Intake-15 page 2 (History)</i>			
<i>Intake-16 (Women)</i>			
<i>Intake-18 (Physical Assess.)</i>			
<i>Intake-20 (Tongue Assess.)</i>			
<i>Intake-21 (Pulse Assess.)</i>			
TOTALS:			
Denominator (sum of VPK totals)			
Prakruti Percent			

## Vikruti

Form	Vata	Pitta	Kapha
<i>Intake-15 page 1 (History)</i>			
<i>Intake-15 page 2 (History)</i>			
<i>Intake-16 (Women)</i>			
<i>Intake-20 (Tongue Assess.)</i>			
<i>Intake-21 (Pulse Assess.)</i>			
TOTALS:			
Vikruti Amounts			