Ayurvedic Health Center & Wellness Shop LLC
203 W. Holly, Suite 201, Bellingham, WA 98225
phone: 360-734-2396
web: AyurvedicHealthCenter.com
email: info@AyuredicHealthCenter.com

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 eNewlsetter 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:

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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?	*Yes*	*No*
If so, for what reason(s)?		
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:	*Yes*	*No*
If so, please list:		

(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):				

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(4) Regular Practices

☐	*Exercise / Hatha Yoga (Specify)*	*None/Never*	*Occasional*	*Several Times per Week*
			Daily	*Several Times per Month*
☐	*Team Sports / Recreation (Specify)*	*None/Never*	*Occasional*	*Several Times per Week*
			Daily	*Several Times per Month*
☐	*Travel (include commute if applicable)*	*None/Never*	*Occasional*	*Several Times per Week*
			Daily	*Several Times per Month*
☐	*Spiritual Practices (Specify)*	*None/Never*	*Occasional*	*Several Times per Week*
			Daily	*Several Times per Month*
☐	*Meditation / Prayer / Pranayama (Specify)*	*None/Never*	*Occasional*	*Several Times per Week*
			Daily	*Several Times per Month*
☐	*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 2 3 4 5 6 7 8 9 10
(1 being the least nourished; 10 being the most nourished)

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.

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(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
Morning:	*Awaken*			
	Mealtime			
	Activities			
Day:	*Mealtime*			
	Activities			
Night:	*Mealtime*			
	Activities			

(10) Sleep Patterns

Describe your sleep patterns.

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

(11) Energy

Describe your energy.

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

(12) Please list any additional information / concerns

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(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.

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

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

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(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:

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(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:							

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(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:

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