Adirondack Ayurveda
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Client Information Form

All information provided on this form and during our consultations will remain strictly confidential.

Name_____Date_____

Address_____

City/Town_____State_____Zip_____

Phone number you want to be reached at_____(w/h/c)

Alternate phone number_____(w/h/c)

E-mail_____

Occupation_____

Doctor_____

Address_____

Please describe your present health concerns and their duration.

_____

_____

_____

_____

_____

_____

_____

_____

Age_____ Weight_____ Height_____

Other than routine checkups, are you seeing a physician or any other health care professional? ____Yes_____No
If yes, specify_____
_____

Please list medications/herbs/supplements.
_____
_____
_____
_____
_____

Do you have any past medical history? If yes, specify age of occurrence, duration and treatment.
_____
_____
_____

Are you allergic to any substances? Please specify.
_____
_____

Health as a child: _____Good _____Fair_____Poor

How do you rate your energy level?
_____Very high _____High _____Moderate _____Low _____Very low

Sleeping
What time do you wake up? _____

What time do you go to bed regularly?_____

Do you sleep in the daytime? _____Yes _____No

How do you generally feel upon rising in the morning?
_____Fresh and rested ____Little tired _____Moderately tired _____Fairly tired

How is your sleep?
_____Sound, normal duration _____Light, interrupted _____Too little sleep
_____ Too heavy and or too long _____Difficulty falling asleep
_____Difficulty waking up _____Awaken too early _____Nightmares

Natural Urges
Do you delay or suppress any of the following?

_____Bowel Movements _____Gas _____Urination _____Sleep _____Yawning
_____ Breathing _____Burping _____Sneezing _____Hunger
_____ Thirst _____Cry, tears _____Semen

Urination
Do you have any of the following urinary problems?

_____Pain ____Burning ____Discoloration ____Other discharges
____Frequent urination during the day ____Urination several times during the night
____Other_____

Bowel Movements

_____Once every 2 to 3 days _____Once daily _____2-3 times a day
_____First thing in the morning _____Late in the day ____Immediately after meals
_____Need a laxative daily _____Other_____

Bowel nature ____Soft ____Medium ____Hard

Bowel Movement associated with _____Pain ____Gas _____Blood
____Mucous _____Foul Smell _____Other_____

Emotions
What is your present state of mind and emotions? ____Good ____Fair ____Poor

Do you often experience any of the following?
____Worry ____Anxiety ____Fear or Panic ____Loneliness
____Depression ____High Stress ____Lack of memory ____Light-headedness
____Anger ____Irritation

How are your family relationships? _____Excellent ____Good ____Fair ____Poor
How is your social life? _____Excellent ____Good ____Fair ____Poor
How is your mental status? _____Excellent ____Good ____Fair ____Poor
How is your career? _____Excellent ____Good ____Fair ____Poor
How purposeful is your life? _____Excellent ____Good ____Fair ____Poor
Rate your spiritual life. ____Fully satisfying ____Somewhat satisfying
____Neutral ____Empty

As a child, did you experience abuse or trauma? _____None _____Emotional
_____Physical _____Sexual _____Verbal _____Other _____

Daily Routine
How regular is your daily routine (for example, do you go to bed, eat meals, exercise routinely?

_____Very regular ____Somewhat regular ____Irregular

Do you practice any type of meditation? _____
_____

Do you practice yoga?_____
_____

Do you exercise? _____Yes _____No
If yes, what kind? _____
_____
How often?_____
How long? _____
_____Vigorous _____Moderate _____Gentle/Light

Do you travel a lot? _____Yes _____No

Do you smoke cigarettes or others? _____Yes ____No
If yes, how much a day?_____

Do you drink alcohol? _____Yes _____No
If yes, how much a day/week? _____

Do you drink coffee? _____Yes _____No
If yes, how many cups a day? _____

Which type of weather makes you feel most uncomfortable?
_____Cold _____Hot _____Cool and damp _____Humid

Meals
What taste(s) do you like or crave?

____Sweet ____Sour ____Salty _____Bitter/Astringent _____Hot/Spicy
____Starches _____Oily

Are there any foods that create discomfort when you eat them?

____Sweet ____Sour ____Salty _____Bitter/Astringent _____Hot/Spicy
____Starches _____Oily/Fatty _____Dairy Products (including cheese)

Do You Eat the Following Foods?

Foods	Daily	Weekly	Monthly	Never
Grains/cereals				
Vegetables				
Fruits				
Dairy				
Eggs				
Poultry				
Meat				
Seafood				
Sugar/Honey				
Desserts				
Juices				
Other				

Please explain your typical meals.

Breakfast_____
Time_____

Lunch_____
Time_____

Dinner_____
Time_____

Snacks_____
Time_____

Which is your main meal? _____

How much water do you drink a day? _____

Eating habits include: _____eat with full attention on food _____never sit to eat
_____talk or converse a lot while eating _____eat fast _____watch TV
_____quietly/relaxing atmosphere _____multi-tasking _____other_____

Rate your digestion _____Good _____Fair _____Poor

Is there other information you would like to provide concerning your meals and/or digestion?

_____
_____
_____

This information will help determine your constitution. When answering these questions, go as far back as you can remember to your youth and adult years. You want to identify those characteristics you were born with. Generally, pick one per category (though in some there may be more than one). Check off and add up your score at the bottom.

Mental Profile

	Vata		Pitta		Kapha	
Mental Activity	Quick, active, restless		Sharp, critical, aggressive		Calm, steady, slow, stable	
Memory	Short term		Generally good		Good long term	
Concentration	Weak		Generally good		Very Good	
Ability to Learn	Quick to grab concepts		Moderate ability to grasp new information		Slow to grasp new information	
Dreams	Fearful, very active, flying		Aggressive, fiery, adventurous		Watery, romance, relationships	
Sleep	Light, interrupted		Sound, medium		Sound, heavy, long	
Speech	Quick, can miss words		Sharp, direct, strong		Slower, clear, melodious	
Voice	High pitched		Medium pitched		Low pitched	
Sub-total						

Behavioral Profile

	Vata		Pitta		Kapha	
Eating Speed	Fast		Medium		Slow	
Hunger Level	Irregular		Sharp, can be strong		Can easily miss meals	
Food/Drink	Prefers warm		Prefers cold		Prefers dry and warm	
Achieving Goals	Easily distracted		Focused and driven		Slow and steady	
Giving/donations	Gives small amounts		Gives nothing or large amounts infrequently		Gives regularly and generously	
Relationships	Many casual		Intense		Long and deep	
Sex drive	Variable, low		Moderate		Strong	
Works best	Supervised		Alone		In groups	
Weather preference	Warm and moist		Cool and dry		Warm and dry	
Reaction to stress	Excites quickly		Medium		Slow to get excited	
Financial	Doesn't save, spends quickly		Saves but big spender		Saves regularly, accumulates	
Routine	Dislikes routine		Likes organizing and planning		Works well with routine	
Sub-total						

Emotional Profile

	Vata		Pitta		Kapha	
Moods	Changes Quickly		Changes Slowly		Steady, unchanging	
Reacts to stress with	Fear		Anger		Indifference	
More sensitive to	Own feelings		Not sensitive		Others feelings	
When threatened tends to	Run		Fight		Make peace	
Relations with spouse/partner	Clingy		Jealous		Secure	
Expresses affections	With words		With gifts		With touch	
When feeling hurt	Cries		Argues		Withdraws	
Emotional trauma causes	Anxiety		Denial		Depression	
Confidence level	Timid		Outwardly self-confident		Inner confidence	
Sub-total						

Physical Profile

	Vata		Pitta		Kapha	
Amount of Hair	Average		Thinning		Thick	
Hair Type	Dry, frizzy, thin, dark		Straight, fine, premature graying		Oily, wavy, thick	
Hair Color	Light brown, blond		Auburn, reddish		Dark brown, black	
Skin	Dry, rough or both, dark/sallow, tans easily, cold		Soft, normal to oily, light, sunburns easily, warm		Oily,,moist, fair, thick, cool	
Complexion	Darker		Pink, red		Pale-white	
Eyes	Small, brown, gray, violet, unusual color		Medium, green, hazel, almond shaped		Large, dark, blue	
Whites of eyes	Blue/brown		Yellow or red		Glossy/white	
Teeth	Very large or very small		Small-medium		Medium-large	
Weight	Thin, hard to gain		Medium		Heavy, easy to gain	
Elimination	Dry, hard, thin, easily constipated		Many during the day, soft to normal		Heavy, slow, thick, regular	
Sweat	Scanty		Profuse		Moderate	
Sub-total						

Total	Vata		Pitta		Kapha	