**Initial Visit
Ayurvedic Intake Form - Detailed**

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Email |  |
| Mailing Address |  |
| Emergency Contact  |  |
| Birthdate |  |
| Marital Status |  |
| Children/ages |  |
| Occupation |  |

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| --- | --- | --- | --- | --- | --- |
| Height: |  | Weight: |  | Stress Level: |  |

**Goals for working with Ayurvedic Health Counselor:**

**Medical History** (include pertinent medical diagnoses/ interventions)

Self:

Family:

**Any Current medical issues/diagnoses:**

**Supplements/medications:**

**DAILY SCHEDULE (include approximate times)**

1. Describe your activities from the time you wake up until you go to sleep. (Such as: eating, sleeping, exercise, work, play…).

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| --- | --- | --- |
| **Morning**  | **Waking time** | Ease or difficulty of waking?  |
| **Morning**Typical activities | Routines on waking: Other activities:  |
| **Mid-day**Typical activities |  |
| **Afternoon**Typical activities |  |
| **Evening** Typical activities |  |
| Routines before bed |  |
| **Night** | **Bedtime** | Ease or difficulty of falling asleep/staying asleep?  |

|  |  |  |
| --- | --- | --- |
| **Meal** | **Time of meal** | **Typical Foods & Beverages taken at mealtimes & as snacks** |
| **Breakfast**  |  |  |
| **Lunch** |  |  |
| **Dinner** |  |  |
| **Snack/s** |  |  |

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| **Three Pillars** |  | Prakruti | Vikruti |
| **Appetite**(frequency/intensity) |  |  |  |
| **Digestion**(symptoms/ food sensitivities) |  |  |  |
| **Elimination**(frequency/pattern/ stool quality) |  |  |  |
| **Sleep** (quality/quantity) |  |  |  |
| **Energy level**(stamina/strength/ immunity) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mind & Emotions** | *symptoms/causes/intensity (manovs)* | Prakruti | Vikruti |
| Descriptors of Self (positive) |  |  |  |
| What emotions come up most often on a “bad day” |  |  |  |
| Experience of Fear/Worry/Anxiety/Overwhelm   |  |  |  |
| Experience of Anger/Critical/Blaming  |  |  |  |
| Experience of Sadness/Melancholy/Withdrawn/Stubbornness: |  |  |  |

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| **Subtle Ojas** | *focus, mental stamina, stress tolerance* | Prakruti | Vikruti |
| Focus: mental stability, discernment, follow-throughStrength: fortitude, contentmentStress: tolerance of external stressors, flexibility, equanimity, discernment, | 1. How well do you maintain Focus?
2. How frequently would you say you feel exhausted mentally?
3. How well do you tolerate stress?
 |  |  |
| Vata impacting Ojas:* Can’t maintain focus
* Frequent mental exhaustion
* Low stress tolerance
 | CAUSE: too much going on, forgets to eat, light diet, poor food habits, distractions, overstimulation, addiction to stimulants or sensory input |  |  |
| Pitta impacting Ojas:* Hyper-focus
* Mental exhaustion; burnout
* Moderate tolerance of stress, “thrives under stress”
 | CAUSE: heat, intensity, too much focus on competition or accomplishments, pushes themselves, hard on themselves, overwork, addiction to heating substances |  |  |
| Kapha impacting Ojas: * Focus is slow to change
* Infrequent mental exhaustion, lethargy likely
* High stress tolerance
 | CAUSE: sedentary lifestyle, attachment to routines, heavy diet, mental sluggishness, daytime sleep, obstruction of new thought, addiction to heavy or stagnating substances |  |  |

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| **Srotas** | **Symptoms by System** | **Associated Tissue**  |
| Annavaha(See Agni above)  |  |  |
| PranavahaRespiratory issues?  |  |  |
| AmbuvahaWater metabolism issues? |  |  |
| RasavahaDry/moist issues? (skin) |  |  |
| RaktavahaCold/hot issues? (color) and energy  |  |  |
| MamsavahaMuscular tissues issues? Strong/tone? |  |  |
| MedavahaAdipose tissue issues?  |  |  |
| AsthivahaBone, teeth, hair, nails |  |  |
| MajjavahaNervous systemSensory/motor |  |  |
| ShukravahaReproductive capacity |  |  |
| ArtavavahaMenstrual issues/female repro issues |  |  |
| StanyavahaBreast feeding issues  |  |  |
| Purishavaha(See elimination above) |  |  |
| MutravahaUrinary patterns and qualities |  |  |
| SvedavahaSweating patterns and qualities |  |  |
| Manovaha(See Mental/Emo above) |  |  |

**Initial Assessment and Recommendations**

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| Food Pillar |  | Recommendations |
| State of Agni: |  |  |
| Regular mealtimes |  |  |
| Food habits |  |  |
| Food choices |  |  |
| Elimination |  |  |
| Regular/irregular |  |  |
| Stool quality |  |  |
| Sleep |  |  |
| Regular/irregular routines |  |  |
| Sleep quality |  |  |
| Energy (physical) |  |  |
| Flow of day |  |  |
| Daily routines |  |  |
| Daily exercise |  |  |
| Mental/Emotional |  |  |
| Current challenges |  |  |
| Symptom- frequent urination make sure to stay hydrated |  |  |
| Symptom |  |  |
| Symptom |  |  |