Health Revolution Ayurveda LLC

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| **Michelle Garber, MPH, CAWC, CPAM, RAP**  Registered Ayurvedic Practitioner (AAPNA) Registered Ayurvedic Herbalist & Pharmacist Registered Ayurvedic Psychology Consultant  **Laura Kolb, AWC**  Ayurvedic Wellness Coach |  | **The Ayurveda House and Community Healing Center**  3508 Jean Drive, Windsor Mill, MD 21244  443-253-6221  michelle@michelleayurveda.com |

# Ayurvedic Participant Information

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| Name: |
| Address: |
| Home Phone: |
| Work Phone: |
| Cell Phone: |
| Email: |
| Please tell us how you would prefer to be contacted (text, email, phone, Facebook, etc.) and provide the information for me to contact you. This information is important for communications related to our work together, so provide us with the best way to contact you quickly (i.e. not an email that you don’t check very often). |
| Emergency Contact:  Phone:  Relationship to you: |
| How did you find out about us? |

**Consent for Ayurvedic Treatment**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize MICHELLE GARBER and/or LAURA KOLB to perform the following services:

**Lifestyle counseling and hygiene**: changes in diet, daily self-care practices including saline sinus irrigation and application of herbally medicated oil to the nasal mucosa, self-massage, mental and physical hygiene, sleep, and work-life balance.

**Psychological and Vedic Counseling**: assessment of the mind using the framework of Ayurvedic Psychology; including assessment of mental/emotional/behavioural patterns and their influences upon overall states of health; recommendations for at-home practices to shift such patterns for promoting balance, and stress reduction techniques.

**Physical Movement:** therapeutic Yoga and moderate exercise.

**Reiki and Pranic Healing:** movement of the energetic field surrounding and circulating within the body, and chakra balancing.

**Raindrop Therapy/Marma Point Treatment:** therapeutic application of essential oils directly to the spinal column, hands, head, and feet, over a carrier oil base.

**Crystal Healing:** placement of crystals and stones on or around the body.

**Medical Intuitive Consultation**: intuitive assessment of physical, emotional, mental, and spiritual issues surrounding the state of health.

**Nutritional supplementation**: concentrated dosages of vitamins, minerals, and other substances naturally occurring in food.

**Botanical medicine:** concentrated or un-concentrated dosages of herbs, plants, and/or their constituents. Botanical substances may be prescribed as powders, granules, teas, alcoholic tinctures, glycerin tinctures, capsules, tablets, oils, and topical creams.

**Homeopathic remedies:** highly dilute quantities of plant, animal, and mineral substances delivered on sucrose pellets or in 25% alcohol liquid preparations.

**Abyhanga:** therapeutic application of herbally medicated oils and massage, performed by a contracted licensed massage therapist.

I recognize the potential risks and benefits of these therapies as described below:

**Potential risks:** allergic reactions to essential oils, massage oils, prescribed nutritional supplements, botanical medicines, homeopathic remedies, herbs and supplements; side effects of Abhyanga, exercise, Yoga, energetic healing modalities, prescribed nutritional supplements, botanical medicines, homeopathic remedies, herbs and supplements, self-massage, jala neti, nasya; emotional upwelling during exploration of life events upon health; inconvenience of lifestyle and hygiene changes.

I understand the U.S. Food and Drug Administration has not evaluated or proven the health values of Ayurvedic Medicine, Vedic Counseling, Medical Intuitive Consultation, Raindrop Therapy, Reiki, Pranic Healing, Yoga, Abhyanga, Crystal Healing, nutritional/herbal supplements, or homeopathic remedies. I understand that, as with cosmetics and medications, essential oils, massage oils, nutritional/herbal supplements and homeopathic remedies may cause some side effects in certain sensitive individuals, may interact with certain prescription medications or lab tests, or cause symptoms due to certain preexisting disease conditions.

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I do not expect MICHELLE GARBER and/or LAURA KOLB to be able to anticipate and explain all risks and potential complications associated with the services I receive. I wish to rely on them to exercise judgment in recommending therapies they feel are in my best interest, based on the available knowledge. I have the opportunity to ask questions and discuss with Ms. Garber, Ms. Kolb, and/or an allied health care provider to my satisfaction:

1) my condition

2) the nature, purpose, and potential benefit of the proposed therapies

3) the material risks inherent in the therapies

4) the probability of those risks occurring

5) the likelihood of success

6) reasonable available alternatives to the proposed therapies

7) the material risks inherent in such alternatives and the probability of such risks occurring

8) the possible consequences if advice is not followed and/or no therapies are undertaken.

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**Notice**: All clients must alert Michelle Garber and/or Laura Kolb if they know or suspect that they are pregnant, as some of the therapies used could present a risk to the pregnancy.

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**All clients must notify Michelle Garber and/or Laura Kolb of any known allergies, medical conditions, skin conditions, and/or infectious diseases. Understand that these conditions do not preclude treatment, but must be disclosed for the client’s own safety and treatment efficacy. Please list any such conditions below:**

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With this knowledge, I voluntarily consent to the above therapies, realizing that no guarantees have been given to me by Michelle Garber or any of her personnel, regarding prevention, treatment, or cure of my condition or any condition. I understand that I am free to withdraw my consent and to discontinue participation in these therapies at any time. I understand that it is not being recommended for me to discontinue any other treatment or care being provided by any other health care professional.

I understand that Ayurvedic treatment does not replace conventional medical advice and/or care. Ayurvedic Pracititioners are not licensed to practice medicine in the United States of America. They are not authorized to prevent, diagnose, or treat any disease or condition. Michelle Garber has received training and certification in the Ayurvedic healing system, and is a Registered Ayurvedic Pracitioner with the Association of Ayurvedic Practitioners of North America, but is not legally recognized as a medical practitioner. Michelle Garber does not hold a license to practice medicine in the United States of America. I understand that Laura Kolb likewise has been trained in Ayurvedic healing methods and does not hold a license to practice medicine in the United States of America. \_\_\_\_\_\_\_initial

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and shared only between Michelle Garber and her personnel, and will not be released to others unless so directed through written consent provided by myself or my representative or unless it is required by law. Exceptions to confidentiality are: danger to me; danger to another; or child abuse. The privileged nature of communication with Michelle Garber/and or Laura Kolb ceases under these circumstances. I understand that I may look at my client record at any time and can request a copy of it. I understand my client record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that information from my client record may be analyzed for research and teaching purposes, and that my identity will be protected and kept confidential. I understand that full disclosure of information has been made to me and all my questions have been answered to my full satisfaction. \_\_\_\_\_\_\_initial

In further consideration of being permitted to participate in Ayurvedic consultation, I knowingly, voluntarily and expressly waive any claim I may have against Michelle L. Dexter and/or Laura Kolb, for injuries, illness, or damages that I may sustain as a result of participation in the Ayurvedic program.

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| Signature (handwritten or electronic) | Printed Name | Date |
|  |  |  |
| Signature of parent or guardian | **Printed Name** | **Date** |
|  |  |  |
| Received: Michelle Garber, MPH, CAWC, CPAM, RAP, RAPC, RAHP | | |

# Health History

**Have you ever had any of the following?** I realize that this is a lot to consider, but it will help me to provide you with the highest level of individualized care. Do not worry about distinguishing between current issues and past issues, as we will do that in our first appointment. Indicate the conditions that apply to you by highlighting (if you are completing forms electronically) or circling (if you are completing your forms by hand).

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| **Category I** | |
| Aimless talking  Amenorrhea (lack of menstruation)  Amyotrophic lateral sclerosis (ALS)  Anxiety  Bell’s palsy  Bloating (abdomen filling with gas that doesn’t pass)  Chapped lips  Choking sensation  Chronic feeling of being unclean, even after bathing  Clumsiness  Cold hands and feet  Constipation  Cracked skin on heels or fingers  Cracking and popping joints  Craving for hot drinks  Diverticulosis  Dizziness  Dry cough (coughing with nothing coming up)  Parkinson’s disease  Phobia  “Pins and needles” sensations  Poor circulation  PTSD (post-traumatic stress disorder)  Restless sleep (waking up often in the night for no apparent reason)  Ringing in the ear  Scattered thoughts  Schizophrenia  Scoliosis | Dry skin  Dry throat  Insomnia (going for days without being able to sleep)  Low energy  Low water intake  Menopause  Migrating pain (example: one day the knee hurts, the next day maybe the shoulder hurts)  Miscarriage  Missing loved ones and family  Muscle cramping  Muscle twitches  Nerve tics  Numbness  Osteoarthritis  Osteoporosis  Palpitations  Slipped disk  Spinal misalignment  Stiffness  Talking to yourself  Throbbing pain  Tremors  Unable to eat when stressed  Vertigo  Wasting  Weight loss  Worry |

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| **Category II** | |
| Acid indigestion  Acne  Addiction  Anger  Atopic dermatitis (AD)  Bitterness  Bleeding  Bloodshot eyes  Boils  Bruising  Burning pain  Burning or itchy eyes  Chemical sensitivity  Chronic fatigue syndrome  Cold sores  Colitis  Craving for cold drinks  Cynicism  Diarrhea  Diverticulitis  Eczema  Epstein-Barr virus  Excessive sweating  Excessive thirst  Fainting due to physical shock (such as injury, seeing blood)  Fatty liver  Frequent burping  Frequent urination  Frustration  Gallstones  Gastritis  HIV/AIDS  Hair loss  Hashimoto’s thyroiditis  Heartburn  Hepatitis  Herpes (oral or genital) | High cholesterol  Hives  Hot hands and feet  Hypertension (high blood pressure)  Hypoglycemia  Impatience  Inflammation  Interstitial cystitis (IC)  Irritability  Jealousy  Loose stool  Migraines  Motion sickness  Nausea  Need for prescription-strength deodorant  Nosebleeds  Parts of the body that are tender to the touch  Perfectionism  Rage  Rheumatoid arthritis  Seborrheic dermatitis  Sensitivity to bright light and sunlight  Sensitivity to hot environments  Sensitive nose  Sharp pain  Sickle cell disease  Sinus infection  Skin rash  Sleep easily disturbed by small noises  Spreading yourself too thin, having too many responsibilities and commitments  Trouble falling asleep  Trouble focusing the mind  Ulcer  Vomiting  Yellow or orange stool |

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| **Category III** | |
| Asthma (respiratory allergies)  Attachment to possessions and people  Benign prostatic hyperplasia  Blood clots  Bradycardia (abnormally slow heart rate)  Brain tumor  Breast reduction surgery  Candidiasis, recurrent yeast infections  Cold, clammy hands  Cold sweats  Congestion  Depression  Diabetes  Dull pain, hard to pinpoint the origin  Eating in response to stress  Edema (swelling)  Enlarged scrotum  Excessive sleeping  Feeling generally unmotivated  Feelings of heaviness  Feeling lethargic  Fibrocystic breasts  Food allergies  Glaucoma | Greenish stool  Hyper-flexible joints  Hyperlipidemia  Itching  Lack of sweating  Lipoma  Matted lymph glands  Mental fog  Mucous-producing cough  Nausea after eating fatty or fried foods  Oily skin  Ovarian cysts  Pleurisy  Pneumonia  Polycystic kidney disorder  Polycystic ovary syndrome (PCOS)  Sedentary lifestyle  Slow mental processes  Tumors  Uterine fibroids  Weight gain |
| **Category IV** | |
| Adrenal fatigue  Anorexia  Attention Deficit Disorder (ADD)  Attention Deficit Hyperactivity Disorder (ADHD)  Bulimia  Cancer  Chronic Fatigue Syndrome  Dysmenorrhea (painful menstruation)  Endometriosis  Fibromyalgia  Hyperthyroidism  Hypothyroidism  Infertility  Irritable bowel syndrome (IBS)  Psoriasis | |

**In your family, have any close relatives had the following?**

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| **Condition** | **Relative** |
| Amyotrophic lateral sclerosis (ALS) |  |
| Anxiety |  |
| Back problems |  |
| Cancer |  |
| Depression |  |
| Diabetes |  |
| Heart attack |  |
| Heart disease |  |
| Hypertension (high blood pressure) |  |
| Huntington’s disease |  |
| Kidney disease |  |
| Migraines |  |
| Neurofibromatosis |  |
| Parkinson’s disease |  |
| Polycystic kidney disease |  |
| Stroke |  |

**Please list any other health conditions (infectious diseases, surgeries, major illnesses, recent injuries, accidents or falls):**

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| **Condition or Incident** | **Approximate Date of Occurrence** |
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**List all medications you are currently taking (or provide a separate medication list):**

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| Drug | Dose | Condition Treated | Prescribed By |
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**List any vitamins or supplements you are currently taking (or provide a separate list):**

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| Supplement | Dose | Reason for Taking | Prescribed By |
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**List any food allergies that you have:**

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| **Food** | **Reaction** |
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List any other allergies here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were your top three favorite foods as a child?

1.

2.

3.

What are your top three favorite foods now?

1.

2.

3.

**Digestive Health Assessment**

Please answer this questionnaire according to how your digestion has been functioning over the past few weeks\*. If you are completing this on the computer, you can highlight or place your answers in a colored font. **Please return this form at least 24 hours before your appointment to allow time for review before your session.**

**\* “sometimes” = “yes” for our purposes here. Please do not edit or add to the form.**

**Do you ever feel nauseous, sick, or queasy after eating a fatty meal?** Yes No

**After eating a fatty meal, do you ever experience discomfort under the right rib cage, or between the shoulder blades?** Yes No

**Do you have occasional slow, dry, or hard bowel movements?** Yes No

**Do you have trouble digesting heavy, greasy, fatty, or fried foods?** Yes No

**Do you have occasional trouble digesting wheat?** Yes No

**Do you have occasional trouble digesting dairy?** Yes No

**Does skim milk cause you any discomfort?** Yes No

**Understanding that you may not do this often, are you able to ingest heavy whipping cream without discomfort?** Yes No

**Do you have occasional heartburn or acid indigestion?** Yes No

* **If yes, does baking soda alleviate the heartburn?** Yes No
* **If yes, does apple cider vinegar alleviate the heartburn?** Yes No
* **If yes, does the heartburn occur between 3o minutes and 1 hour after eating?** Yes No

**Do you digest better when taking digestive enzymes?** Yes No

**Do your energy levels fluctuate during the day, along with cravings for carbohydrates, sweets, and/or caffeine?** Yes No

**Do you get hungry between meals and need to snack?** Yes No

**Do you have a complete bowel movement less than once per day?** Yes No

**Do you frequently experience loose stools?** Yes No

**Do you frequently experience mucous in your stools?** Yes No

**Do you experience excess intestinal gas, or the abdomen swelling with air?**  Yes No

**Do you notice that stress affects your digestion?** Yes No

**Do you carry extra weight around the belly?** Yes No

**Do your ankles, legs, or hands swell/get puffy?** Yes No

**Do your rings become tight on your fingers during the day, or are they tight when you first wake up?** Yes No

**Do you feel stiffness in your body when you wake up that goes away after moving around?**  Yes No

**Does your skin itch often or become easily irritated?** Yes No

**Dosha Analysis**

**Ayurvedic medicine utilizes categories called “doshas” to determine the root cause of illness. The trait analysis below will assist your practitioner in determining the origins of disease and creating a treatment plan to restore balance.**

**Considering your general tendencies over your lifetime,** circle or highlight the characteristics in each column that most apply to you. Do not spend too much time thinking about your answers, as the analysis will be most accurate when you go with your first instincts. This is a confidential analysis. There are no “right” answers and no traits are considered “better” than others, so be fearless in your honesty. **Please return this form at least 48 hours before your appointment to allow time for review before your session.**

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| **SPIRITUAL PROFILE** | | | |
| **Indicator** | **VATA** | **PITTA** | **KAPHA** |
| **Approach to religion or spirituality** | Solitary practitioner | Leader or teacher | Prefers to attend services regularly in a community of fellow believers |
| **Faith in spiritual or religious beliefs** | Changes frequently, often fearful, questioning | Burning desire to share with others | Unwavering faith, never questioning |
| **Spiritual or religious practice** | Austere | Passionate, can tend to be obsessive or fanatical | Regular, consistent |
| **Drawn towards** | Mysticism | Structure, rules and guidelines | Community, social interaction |
| **Spiritual total:** |  |  |  |

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| **MENTAL PROFILE** | | | |
| **Category** | **VATA** | **PITTA** | **KAPHA** |
| **Mental activity** | Quick mind, restless | Sharp intellect, aggressive | Calm, steady, stable |
| **Memory** | Short-term: excellent  Long-term: poor | Short-term: moderate  Long-term: moderate | Short-term: poor  Long-term: excellent |
| **Focus** | Can concentrate for short periods, mind becomes restless quickly | Mind focuses for discriminatory purposes, perfectionist tendencies | Tendency to get tired or fall asleep when concentrating but can sustain focus for long periods |
| **Thinking pattern** | Tends to plan but not follow through to completion | Precise and logical  Good planner and follows through | Good organizer but tends to inaction  Calm and slow |
| **Ideal Career Type** | Creative | Intellectual | Nurturing |
| **Learning** | Learns quickly and forgets quickly | Learns quickly and retains information for moderate time | Slow to learn new things and once learned does not forget |
| **Dream themes** | Fear, flying, falling, running, being chased, chaos | Conflict, passion, anger, violence, perception, work, responsibility | Romance, water, love, relationships, peace, food, death |
| **Sleep** | Insomnia, spotty sleeper | Hard to fall asleep, wakes up around midnight | Sound sleep, sleepy after eating |
| **Physical activity** | Always moving, fidgety | Moderate, or structured exercise regimen | Sedentary |
| **Psychological energy** | Phobia, agitated, restless | Severe chemical depression | Slow, dull, depressed, bored |
| **Speech** | Very talkative | To the point | Slow |
| **Voice - pitch** | High (soprano) | Medium (alto) | Low (bass) |
| **Mental total:** |  |  |  |

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| **AGNI PROFILE** | | | |
| **Category** | **VATA** | **PITTA** | **KAPHA** |
| **Eating speed** | Quick | Medium | Slow |
| **Appetite** | Irregular | Strong, sometimes unbearable | Low |
| **Food and drink temperature** | Prefers warm | Prefers cold | Prefers dry and warm |
| **# Meals/day** | Grazing or inconsistent | 3 or more meals plus snacks | 1 or 2 |
| **Cravings** | Hot, spicy, dry, crunchy, salty, sour | Sweets, bitter, astringent, fried or greasy foods, iced drinks | Sweets, starchy foods, hot, spicy, stimulating |
| **Food intake** | Inconsistent | Overeating  Social eater | Small meals |
| **Snacks when** | Anxious, lonely, fearful | While working, problem solving, concentrating | Sad or depressed |
| **Digestion** | Variable | Fast, tends toward hypoglycemia | Slow, sleepy even after light meals |
| **Thirst** | Inconsistent | Always thirsty | Not much |
| **Indigestion** | Bloating, feeling of fullness, pricking pain in lower abdomen, vague pain | Nausea, vomiting, burning pain | Heavy feeling, dull aching pain |
| **Achieving goals** | Easily distracted | Focused and driven | Slow and steady |
| **Peristalsis** | Hyperperistalsis (Borborygmy- gurgling, noisy digestion) | Antiperistalsis  (Nausea, acid reflux) | Hypoperistalsis  Slow |
| **Elimination** | Irregular  Tendency towards constipation (BM not daily)  BM needs stimulation (coffee) | Regular  Loose  Tendency towards diarrhea, 3+ BM/day,  BM immediately after eating | Regular  Slow  Heavy  Mucous in stool  BM in early AM and evening |
| **Food sensitivities** | Nightshades, certain dried fruits | Citrus, acidic foods | Dairy products, wheat, bleached flour |
| **Agni total:** |  |  |  |

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| **BEHAVIOURAL PROFILE** | | | |
| **Category** | **VATA** | **PITTA** | **KAPHA** |
| **Lifestyle** | Erratic  Disorganized | Busy  Achieves much | Steady and regular  Maybe in a rut |
| **Approach to projects** | Begins with enthusiasm | Compulsive | Slow and steady, follows through to completion |
| **Giving/donations** | Small amounts | None or large amounts infrequently | Regular and generous |
| **Romantic relationships** | Many casual | Intense | Long and deep |
| **Sex drive** | Variable or low | Moderate or excessive | Strong |
| **Works best** | While supervised | Alone | In groups |
| **Weather preference** | Aversion to cold | Aversion to heat | Aversion to damp and cool |
| **Sensitivities** | Noise  Pain  Cold  Air blowing on you | Heat  Fire  Sunlight | Cold  Damp |
| **Nervous system activation** | Easily overwhelmed | Internalizes until hitting a breaking point and then combustion happens | Slow to get excited |
| **Stress response** | Loss of appetite | Diarrhea  Vomiting  Sexual promiscuity | Increase in appetite |
| **Financial** | Impulsive  Doesn’t save  Spends freely  Whimsical | Saves but big spender on “quality”  Budgets using spreadsheets or other organizational tools | Saves well and regularly, cautious, accumulates wealth |
| **Walks** | Quickly with light steps | Quickly with purpose | Slowly with heavy steps |
| **Friendships** | Tends toward short-term friendships, makes friends quickly | Tends to be a loner, friends related to occupation | Tends to form long-lasting friendships |
| **Movement** | Clumsy | Precise | Graceful |
| **Endurance** | Expends energy quickly | High with regular exercise | High without regular exercise |
| **Behavioural total:** |  |  |  |

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| **EMOTIONAL PROFILE** | | | |
| **Category** | **VATA** | **PITTA** | **KAPHA** |
| **Moods** | Always changing | Change slowly | Steady, unchanging |
| **Stress brings** | 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, obsessive | Secure |
| **Expresses affection** | With words | With gifts | With touch |
| **When feeling hurt** | Cries | Argues | Withdraws |
| **Emotional trauma causes** | Anxiety | Denial | Depression or sadness |
| **Confidence level** | Timid | Outwardly self-confident | Inner confidence |
| **Forgives** | Quickly | Tends to hold grudges | Slowly |
| **Emotional total:** |  |  |  |

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| **PHYSICAL PROFILE** | | | |
| **Category** | **VATA** | **PITTA** | **KAPHA** |
| **Hair is naturally** | Curly  Dry  Dark | Oily  Blonde or Reddish  Straight | Thick  Oily  Wavy |
| **Nails** | Hard  Brittle  Variable | Pink  Pliable  Oval | Strong  Pale  Square |
| **Eyes (natural color)** | Unusual color, grey, or chocolate brown | Golden brown, hazel, or green | Blue or black |
| **Skin** | Dry  Darkens quickly with sun exposure  Prone to cracking | Oily and warm to touch  Burns quickly with sun exposure  Prone to acne, rashes, allergic reactions, or blotches | Oily and cool to touch  Darkens with long exposure to sun  Few skin problems |
| **Teeth** | Irregular  Receding gums  Small | Yellowish  Medium-sized  Bleeding gums | White  Large  Strong, healthy gums |
| **Tongue** | Long, pointed, shaky, dry | Pink, moist | Large, rounded |
| **Face shape** | Long  Angular  “Formed by wind” | Heart-shaped | Rounded  Full |
| **Eyelashes** | Short or very long | Average | Thick |
| **Lips** | Thin | Average | Full |
| **Build** | Underdeveloped  Triangle or reverse triangle | Compact/athletic  Rectangle shape  Well-proportioned | Curvy  Hourglass  Stocky  Large muscles |
| **Weight** | Light  Difficult to gain | Moderate  Easy to gain and lose | Heavy  Difficult to lose |
| **Veins and tendons** | Prominent, especially in hands | Moderate | Not visible |
| **Weight distribution** | Mostly hips and thighs | Mostly abdominal | Mostly in chest |
| **Chest** | Very small or very large | Medium | Full |
| **Height** | Exceptionally short or exceptionally tall | Medium | Tall and sturdy or short and stocky |
| **Sweat** | Minimal | Profuse | Moderate |
| **Musculature** | Slight | Athletic | Solid |
| **Joints** | Prominent  Prone to cracking and popping | Well-proportioned  Few problems | Well-formed  Strong  Well lubricated |
| **Bone structure** | Light and delicate | Medium | Big-boned |
| **Immune function** | Low  Variable | Strong or  Excessive (allergies, keloids, scarring) | Strong and reliable |
| **Disease tendency** | Nervous system | Circulatory  Digestive | Respiratory |
| **Circulation** | Poor  Variable | Strong  Excessive | Steady  Clots |
| **Menses (either current, or past if menopausal)** | Irregular  Scant  Clotted flow  Cramping | Regular  Intense  Cramping  Heavy bleeding | Effortless  Regular, predicatable  Mild water retention |
| **Physical total:** |  |  |  |

**We greatly appreciate you taking the time to provide us with all of this information. We are looking forward to working with you!**

**Office Use Only**

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|  | **V** | **P** | **K** |
| **Prakruti** |  |  |  |
| **Vikruti** |  |  |  |