

HEALTH INFORMATION CHART



AYURVEDIC MEDICINE

Full Name

Street

Town

E-Mail

Phone/Mobile

Age

Date of Birth

Health insurance private statutory

Weight

Height

Structure slim medium thick

Do you practice spirituality in your life?

Present complaints (Please mention in the order of severity and duration)

1.

2.

3.

Treatment history of the current diseases (e.g., surgery, certain therapies)

Traumatic experiences during childhood or puberty, accidents, surgeries

Past medical history

Hyper tension, Diabetes, Jaundice, Piles, Fistula, Ulcer, Anemia, others if any

Present medications (Please note each medicine you take with the duration)

Medicine

Months/Years

Family history of diseases

Description of similar diseases or symptoms in the family, if any

Personal Quickcheck

Appetite	
Bowel	
Micturation	
Sleep	
Menstruation (Cycle / Flow / Associated with pregnancy and delivery / Problems if any)	
Family status	
Stress Level	
Do you follow any diet?	
Food	<input type="radio"/> vegetarian <input type="radio"/> non-vegetarian
What and when do you have for breakfast?	
What and when do you have lunch?	
What and when do you have dinner?	
Allergic to and incompatible with	
Are there any Addictions (Smoking, Alcohol, Medicaments)	
Which profession/job are you actually practicing?	

Date and result of your last medical examinations

Details of investigations done so far (Only abnormal values with normal values in the bracket)

Diagnosis of the condition by your doctor

Ayurvedic disposition of your body-type (Self assessment)

Please mark according characteristics

No	Characteristic	VATA	PITHA	KAPHA
1	Body built	Narrow hips and shoulders	Moderate built	Broad hips & shoulders
2	Body weight	Low	Medium	Heavy
3	Endurance/strength	Low, poor	Fair	High, good
4	Skin condition	Dry, dark, rough, cold and wrinkled	Soft, fair, oily, delicate with pink to red moles & pigmentation	Oily, white, pale, moist & smooth
5	Hair	Dry, dark brown to black in color and curly	Fine light brown, soft associated with pre-mature graying	Oily, thick, dense, dark straight or wavy
6	Teeth	Large, protruding, crooked (more cavities).	Yellowish, moderate (More discolored).	White & large.
7	Eyes	Small, black or brown	Green or grey.	White, clear, moist.
8	Voice/Speech	High pitched & fast.	Medium – pitched, sharp.	Low pitched, melodious, monotonous.
9	Bowel movements	Dry, hard stools, constipated, irregular & less in quantity.	Soft, oily, loose stools, regular evacuation	Heavy solid stools, regular evacuation.
10	Physical Activity	Restless, gets tired quickly.	Aggressive focused.	Calm & steady.
11	Appetite/Digestion	Erratic	Sharp hunger.	Mild hunger.
12	Taste Preferences	Oily, heavy, warm sweet, salt, sour taste.	Light, cold, sweet, bitter astringent.	Dry, light, hot, spicy, pungent, bitter, astringent.
13	Emotional state	Fearful, anxious, insecure, unpredictable.	Aggressive, irritable, angry, quarrelling.	Calm, agreeable, stubborn.
14	Mental tendencies	Questions, postulate.	Judgmental, artistic.	Stable, logical.
15	Sleep pattern	Short, disturbed sleep, lasting for 4 to 5 hours.	Sound, medium, disturbed, lasting for 5 to 7 hours.	Deep, restful, prolonged, easy to fall asleep, lasting for 8 hours.
16	Dreams while asleep	Fear, flying, running.	Fire, emotional.	Of water (being near to water areas).
17	Sex urge	Frequent	Moderate	Cyclical, infrequent
18	Memory	Short term	Good but not prolonged	Long term
19	Financial behavior	Spends quickly & unwisely	Moderately saves & accumulates	Saves a lot and accumulates
20	Quality of pulse	Fast with shifts	Moderate, jumping	Slow & steady
21	Pulse rate	80-100 beats per minute	70-80 beats per minute	60-70 beats per minute
22	Response when threatened	Fearful, anxious, withdraws	Angry, irritable, fights	Indifferent, withdraws

■ Please note: Using of alcohol and smoking during the Ayurvedic treatment is strictly prohibited!

Some more specifications to make us know better about your body

For your questions

You stay at the Ayurveda Center from _____ to _____

Which package did you book? _____

Did you already experience some ayurvedic treatments? yes no

Who/what did advert you to our Ayurveda Center _____

Filled in by the ayurvedic specialist:	Lfd.-Nr:
Dosha type	
Eye, tongue and pulse diagnostics	
Diagnosis	



AYURVEDIC MEDICINE

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