

Ayurveda Treatment Intake Form

Thank you for taking the time to fill out this form. This will allow me to gain a better understanding of you, your goals for our work together, and how I can best support you in your journey.

Client Name: _____

Phone Number: () _____ - _____

Date of Birth: ___ / ___ / _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

What are your primary health concerns at this time?

What do you hope to accomplish with your Ayurvedic experience?

Briefly describe your current diet.

Breakfast:

Lunch:

Dinner:

Snacks/Treats:

How often do you consume alcohol?

- Daily
- Weekly
- Monthly
- Rarely
- Never

How would you describe your caffeine consumption?

- Minimal
- Light
- Moderate
- Heavy

Do you vape or use tobacco?

- Yes
- No

How often do you currently exercise?

- Rarely
- 1-2 x/week
- 3-5x/week
- Almost daily

What is your preferred type of exercise?

Do you have previous experience with meditation? *

- Yes
- No

If yes, please briefly describe your experience with meditation - if you have found it successful, the types of meditation you have practiced, frequency, etc.

Do you have previous experience with Ayurvedic treatment? *

- Yes
- No

If you have experienced Ayurvedic treatment in the past, please briefly describe your experience, including the types of treatment, outcomes, and frequency of treatments.

Are you aware of your Doshas? If so, please list them here.

If you have not explored your Doshas, please visit my website at ayurvedicway.com and take the quiz, found under the Doshas tab. Afterwards, please email your results to nurturingyou@gmail.com.

We are looking forward to working with you! How did you hear about us?
