



Tanman Ayurvedic Research Centre, Pune

Client Intake Form: Confidential between client and Ayurved Consultant

Dear new client:

Completely fill out this form with details. Use extra sheets if necessary. It is important that you state clearly and arrange the information in an organized.

Please note that the information that you provide below is purely for the purpose of the Ayurvedic consultant in order to have a systematic and better understanding of your mind-body-spirit constitution and status of health.

Date (of appointment):

Name:

Address (street):

Age:

Phone number (s):

Email (important):

Date of Birth:

Instructions: Check one or more of the options/boxes that best describe your present condition. You may also write in the comment space, if needed. Please note that your answers and notes will facilitate the Ayurvedic consultant's work. Please take your time and answer after careful thought. If you are confused put a STAR next to that particular section and if anything is not applicable, leave it empty.

Reasons for seeking Ayurvedic consultation: Please take a moment to put down your wellness GOALS (example: want to lose weight.)

1. –
2. –
3. –
4. --

Appetite:

Do you feel hungry?
Or eat at the meal timings irrespective of appetite?
Can you skip meals?
How you react on skipping or delaying meals ?

Meal Timings –
Break Fast -
Lunch -
Dinner –

Other – snacking / nuts -

Comments:

Digestion:

Normal - no complaints / Hyperacidity / Burping / Gas / Stomach Bloating / Pain in stomach /

Feel heavy after eating / Feel sleepy or tired after eating / nausea / feels nauseous with the sight of food / vomits frequently

Comments:

Stools / Bowel Habits

How many times a day -
Usual Timing of the day –
Any Stimulation required-
Pattern – loose stools / diarrhoea / hard stools / Formed stools

Semi formed / very foul smelling / with mucus / with blood / In small pieces / In thin
cylindrical strands / gas / Bloating / Pain before or during evacuation / Haemorrhoids /

Burning in anal area after evacuation

Comments:

Urination

How many times a day - _____ times a day

Do you need to get up from the sleep for urination?

If yes – how many times?

Urgency?

Colour of the urine in general – White / Yellow / Dark Yellow / Reddish brown

Comments:

Sweat

Sweat normally / Sweat excessively / do not sweat much even when it is hot / Sweat smells very strongly

Certain areas (if any) where sweating is profuse -

Sweat has odour- Yes/No

Comments:

Body Temperature

Prefers Hot weather / cooler weather -

Feels heat at night and wants remove the comforter – Yes / No

Comments:

Menstruation (In Females)

No. of days of Menstruation – _____ days

Menstrual Cycle - _____ days

Any discomfort before / during / after menstruation –

Menstrual Flow - light / medium / heavy / very heavy

Contains blood clots - Yes / No

Date of Last Menstrual Period -

Comments

Tastes /Cravings

Any particular taste –
Any particular food –

Consumption of Tea / Chai / Coffee – _____times a day / week
Alcohol – _____times a day / week
Cigarette - _____times a day / week

Comments:

Exercise/Sports

None/Never/ Occasional/ Several times per week/ Daily/Several times per month

Describe what you do:

Recreation – list creative activities/hobbies

None/Never/ Occasional/Several times per week/ Daily/ Several times per month

Libido

Frequency

Daily/Several times per week /Several times per month/Occasionally/ Not at all

Desire --Low / high / medium

Masturbation – Yes / No

Feels tired \ weakness after intercourse

Comments:

Pain

Presently any pain in the body - Yes / No

Area where pain is experienced –

Name of condition (if any) _____

Comments:

Sleep

Sleeps well / Disturbed / too many dreams / nightmares / wakes frequently disturbed since _____

Comments:

Family situation

Presently:

Single / married / in relationship

Have children / ongoing relationship issues / stress

Comments:

Moods / Emotions / Behaviour

Feels easily depressed / mood swings / fear

Experiencing anger / grief

Experiencing a lack of emotional connectedness or emotional numbness / clinically diagnosed with depression / clinically diagnosed with manic or high behaviour / low self esteem / aggressive behaviour / lack of courage / procrastinating / cluttered / distracted and disorganized behaviour manifesting as lack of organization,

Comments: Present Medications/Herbs/ Supplements/Recreational drugs

Thank you for taking the time to complete this form. This is your valuable contribution towards your wellness. Please note that intake form filled in by you will remain confidential and will stay in your file at Tan Man Ayurvedic Research Center.

FOOD – LOG

Break Fast :-

Lunch :-

Evening Snacks :-

Dinner :-

Daily Water Intake:-



Tanman Ayurvedic Research Centre Pune

Consent Form

I Ms. / Mr. / Mrs. / Smt. -

.....

Allow Vaidya (Dr). _____ TanMan Ayurvedic Research Centre to evaluate my health issues and diagnose in Ayurvedic way.

The idea behind Ayurveda is that:

A harmonious balance between these three Doshas creates health and any imbalance between them creates an imbalance in the working of mind and body leading to disease manifestation as the outcome.

My objective of consultation will be to help in balancing of aggravated and under expressed DOSHAS with the help of Ayurvedic herbs, diets and lifestyle changes, yoga postures etc.

In Ayurvedic healing we do not work on any one particular organ or cluster of disease symptoms (such as Pancreas or Diabetes), rather we concentrate on balancing the state of the DOSHAS.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the Ayurvedic treatment offered and I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Dr. _____ & TanMan Ayurvedic Research Centre agree to be personally responsible for the fees in connection with the services provided to me.

Please read, sign and date below.

Name :

Signed: _____

Date:

(client/parent/conservator/guardian)

Indicate capacity to sign if other than client _____

Note:--Be sure to read this carefully and bring it in with you for your appointment. You can sign it after you have discussed with the Ayurvedic consultant questions regarding your treatment.