

Eastern Sun Healing, LLC

Ayurveda Client Intake Form

Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Health History

Are you currently under the care of a Health Care Practitioner? Yes No

If yes, Name: _____ Phone: _____

Do I have permission to contact your doctor? Yes No

Are you pregnant? Yes No

Do you have any allergies? Yes No If yes, what: _____

Are you taking any medications? Yes No If yes, what: _____

Recent Surgeries: _____

Recent Accidents: _____

Major Illnesses: _____

Please circle any symptoms or problems listed that you are currently experiencing or have experienced. Having this information helps me to treat you more effectively and efficiently.

Skin disease	Headaches	Insomnia	Allergies	Arthritis	Digestive problems
Communicable disease	Elimination problems	Kidney disease	Heart problems	Back problems	Ulcers
High/Low blood pressure	Joint problems	Diabetes	Blood Clots	Torn cartilage	HIV/AIDS
Varicose veins	Fractures	Cancer			

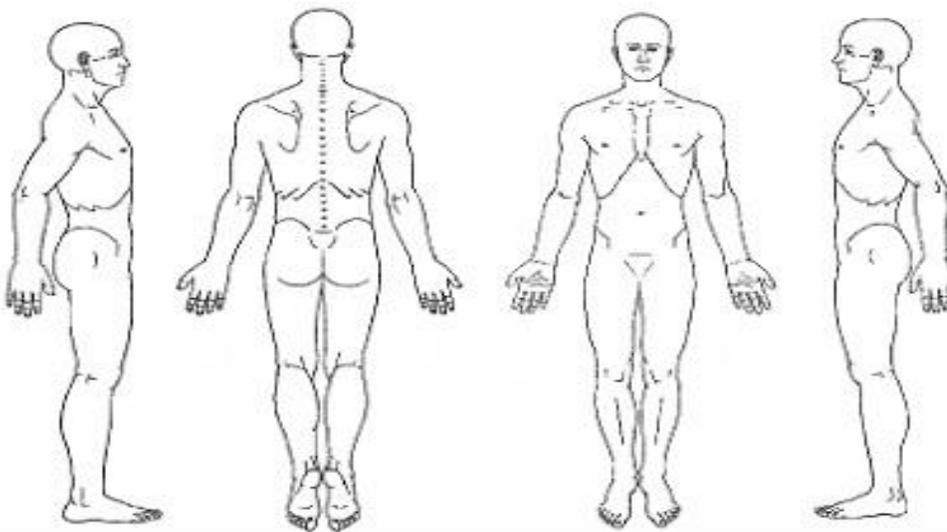
Have you ever received Professional Massage or other body work? Yes No

What are your expectations for this visit?

Injury Treatment Stress Relief Other: _____

List stress reduction and exercise activities: _____

What areas of the body are you experiencing pain or discomfort and would like worked for today's visit? *(Please circle the places that are currently hurting or bothering you.)*



When are these symptoms the worst? _____

When are they the least? _____

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Disclosure and Policy Information

Disclosure Statement

I have listed all my known medical conditions and physical limitations and will inform the massage practitioner of any change in my physical health between sessions. I am responsible for consulting a qualified primary care provider for any physical ailment that I may have. I understand that the massage practitioner must be aware of, any and all existing physical conditions in order to provide appropriate massage. I further understand that a massage therapist neither diagnoses nor prescribes for illness, disease, or any adjustments. I know that massage is for therapeutic purposes and any sexual conduct will end the massage immediately. I agree to communicate with my practitioner any time I feel like my wellbeing is being compromised.

Privacy Policy

Eastern Sun Healing is required by law to protect the privacy of your health information.

Eastern Sun healing uses your personal information primarily for patient treatment and obtaining payment for treatment and evaluating quality care we provide.

You, the patient, have the right to obtain a copy of your health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records.

Medical Release of Records

I hereby authorize the release of my medical records for the purpose of helping to resolve claims and payment issues for my medical bills incurred in this office.

I hereby authorize the insurance company or attorney to remit payment directly to this office. I hereby certify that I have read and understand that my medical information is private and allow Eastern Sun Healing to have access to it.

Cancellation Policy

I agree to give 24 hours' notice of cancellation. If 24 hour notice is not given, I am responsible for a \$50.00 fee; if I am receiving an Ayurvedic treatment I agree to pay for the total treatment respecting the massage therapists scheduled time, and the cost of materials it takes for the Ayurvedic treatments.

I hereby certify that I have read and understand that my medical information is private and allow Eastern Sun Healing to have access to it.

Signature: _____ Date: _____

Ayurveda Body Type Test

(Please fill out with the mind set of looking at "Throughout Your Life," when answering the questions below!)

MIND - EMOTIONS - BEHAVIOR ASSESSMENT

1.	I am:	<input type="radio"/>	Flexible, optimistic	<input type="radio"/>	Ambitious, practical, intense	<input type="radio"/>	Calm, peaceful, solicitous
2.	I consider myself as:	<input type="radio"/>	Lively, intuitive,	<input type="radio"/>	Motivated, perceptive, warm	<input type="radio"/>	Resilient, content, loyal, slow
3.	My acquaintances describe me as:	<input type="radio"/>	Enthusiastic, changeable	<input type="radio"/>	Friendly, independent, courageous, discriminating	<input type="radio"/>	Deliberate, relaxed, compassionate
4.	My friends describe me as:	<input type="radio"/>	An initiator	<input type="radio"/>	A good leader, goal-oriented, competitive	<input type="radio"/>	Patient, nurturing, stable
5.	My memory is:	<input type="radio"/>	Quick to remember- and to forget. (Best in the short term)	<input type="radio"/>	Average, clear, distinct (Good overall)	<input type="radio"/>	Slow to remember and to forget (Best in the long term)
6.	My thinking style is:	<input type="radio"/>	Restless, quick	<input type="radio"/>	Organized, efficient, accurate	<input type="radio"/>	Slow, methodical, exacting
7.	I process information:	<input type="radio"/>	Quickly	<input type="radio"/>	At medium speed	<input type="radio"/>	Slowly
8.	My creativity level is:	<input type="radio"/>	Filled with ideas, but tends to follow through poorly	<input type="radio"/>	Inventive in many areas, with good follow-through	<input type="radio"/>	Best in the field of business
9.	Under stress I become:	<input type="radio"/>	Anxious, insecure, tense, and sigh and hyperventilate	<input type="radio"/>	Aggressive, angry, irritable, headachy, nauseated	<input type="radio"/>	Lethargic, dull, in denial
10.	I dream of:	<input type="radio"/>	Activity, running, flying, frightening things	<input type="radio"/>	Violence, fire, anger, passion, the sun	<input type="radio"/>	Romance, sentimentality, water and snow
11.	My speech pattern is:	<input type="radio"/>	Fast, talkative (Quick, often imaginative or excessive)	<input type="radio"/>	Precise, convincing (Clear, precise, detailed, well-organized)	<input type="radio"/>	Slow, monotoned, melodic (Soothing, rich with moments of silence)
12.	My voice sounds:	<input type="radio"/>	High pitched, fast, dissonant, weeping	<input type="radio"/>	Medium pitched, sharp, laughing	<input type="radio"/>	Low pitched, melodious, slow, monotone, pleasant, deep
13.	My lifestyle is:	<input type="radio"/>	Highly active	<input type="radio"/>	Active	<input type="radio"/>	Rather inactive

14.	My spending habits are:	<input type="radio"/>	Wasteful, can't save, throw money away on trifles	<input type="radio"/>	Moderate, can save, but spend money on luxuries	<input type="radio"/>	Thrifty, accumulate wealth but spend money on food
15.	My sex drive is:	<input type="radio"/>	Frequent, either in very high or very low gear	<input type="radio"/>	Moderate frequency, but passionate and domineering	<input type="radio"/>	Infrequent, constant or cyclic, loyal and devoted
16.	Regarding temperature and weather:	<input type="radio"/>	I dislike weather that is cold, windy, dry. I am comfortable in the heat.	<input type="radio"/>	I dislike weather that is hot, with strong sun. I perspire easily. I thrive in winter.	<input type="radio"/>	I dislike weather that is cool and damp. I tolerate extremes well.

MIND - EMOTIONS - BEHAVIOR ASSESSMENT

1.	When making decisions I am:	<input type="radio"/>	Unsure	<input type="radio"/>	Quick and decisive	<input type="radio"/>	Deliberate
2.	Emotionally, I:	<input type="radio"/>	Worry, am anxious, moody, and emotional	<input type="radio"/>	Get angry and irritated easily	<input type="radio"/>	Stay calm, complacent, get angry slowly
3.	I love:	<input type="radio"/>	Traveling, art, esoteric subjects	<input type="radio"/>	Sports, politics, luxury	<input type="radio"/>	Good food
4.	The pace of my activity is:	<input type="radio"/>	Fast	<input type="radio"/>	Medium speed, intense	<input type="radio"/>	Slow, steady
5.	When threatened, I become:	<input type="radio"/>	Fearful, anxious	<input type="radio"/>	Angry, irritable, fights	<input type="radio"/>	Indifferent, withdraws
6.	My taste preference is:	<input type="radio"/>	Oily, heavy, sweet, soupy, salty, sour	<input type="radio"/>	Medium, light, sweet, warm, bitter, astringent	<input type="radio"/>	Dry, light, low-fat, sweet, pungent
7.	My mental tendencies are:	<input type="radio"/>	Questions, theorizes	<input type="radio"/>	Judgmental or artistic	<input type="radio"/>	Stable, and logical
8.	I generally eat:	<input type="radio"/>	Quickly	<input type="radio"/>	Moderately fast	<input type="radio"/>	Slowly
9.	My sleep is most often	<input type="radio"/>	Interrupted, light	<input type="radio"/>	Sound, moderate	<input type="radio"/>	Deep, long. I am slow to waken
10.	I am most sensitive to:	<input type="radio"/>	Noise	<input type="radio"/>	Bright light	<input type="radio"/>	Strong odors
11.	My way of learning is:	<input type="radio"/>	To learn quickly. I enjoy more than one thing at a time. I can lose focus.	<input type="radio"/>	To focus sharply, discriminate. I finish what I start.	<input type="radio"/>	To take my time. I tend to be methodical.
12.	I learn new material best by:	<input type="radio"/>	Listening to a speaker	<input type="radio"/>	Reading or using visual aids	<input type="radio"/>	Associating it with another memory
13.	If there was one trait to best describe me, it would be:	<input type="radio"/>	Vivacious (lively, active, spirited and full of life)	<input type="radio"/>	Determined	<input type="radio"/>	Easygoing

14.	Regarding my relationships, I:	<input type="radio"/>	Easily adapt to different kinds of people	<input type="radio"/>	Often choose friends on the basis of their values	<input type="radio"/>	Am slow to make new friends but am forever loyal.
15.	My family and friends might prefer me to be more:	<input type="radio"/>	Settled	<input type="radio"/>	Tolerant	<input type="radio"/>	Enthusiastic

BODY CHARACTERISTICS AND FUNCTIONS ASSESSMENT

1.	Compared to others of my height, I have:	<input type="radio"/>	Smaller bones	<input type="radio"/>	Average size bones	<input type="radio"/>	Larger bones
2.	My height is:	<input type="radio"/>	Above to below average	<input type="radio"/>	Average	<input type="radio"/>	Average to tall
3.	My muscles are:	<input type="radio"/>	Wiry, undeveloped	<input type="radio"/>	Moderately developed	<input type="radio"/>	Solid, stocky, well developed
4.	My weight is:	<input type="radio"/>	Below average, I lose weight easily	<input type="radio"/>	Medium, able to lose or gain weight	<input type="radio"/>	Above average, I gain weight easily
5.	Most of my fat is located:	<input type="radio"/>	Around my waist	<input type="radio"/>	Evenly over my body	<input type="radio"/>	Around the hips and thighs
6.	My skin is:	<input type="radio"/>	Dry, flaky, thin, rough, cool to touch	<input type="radio"/>	Delicate, sensitive, with freckles or moles, warm to touch, glowing	<input type="radio"/>	Oily, thick, smooth, soft to touch
7.	My complexion (compared with others of my race) is:	<input type="radio"/>	Darker	<input type="radio"/>	More reddish, freckled, or yellowish	<input type="radio"/>	Lighter or pale
8.	My hair is:	<input type="radio"/>	Dry, brittle, thin, coarse, brown, black	<input type="radio"/>	Fine and straight, blond, red, graying early or balding	<input type="radio"/>	Oily, thick, luxuriant, wavy or curly, dark brown, black
9.	My eyebrows are:	<input type="radio"/>	Thin, dry, and firm	<input type="radio"/>	Medium	<input type="radio"/>	Thick, large, firm, bushy, oily
10.	My eyes are:	<input type="radio"/>	Small, nervous, dry, black or brown	<input type="radio"/>	Sharp, bright, sensitive to light, gray or green, with a penetrating gaze	<input type="radio"/>	Big, calm, blue, with a loving gaze
11.	My teeth are	<input type="radio"/>	Big, crooked or protruding, with thin receding gums	<input type="radio"/>	Medium-sized, yellowish and soft, with tender gums	<input type="radio"/>	Strong and white with healthy gums
12.	My nose is:	<input type="radio"/>	Uneven in shape, small, thin	<input type="radio"/>	Long and pointed	<input type="radio"/>	Short, rounded, thick, oily

13.	My lips are:	<input type="radio"/>	Dry, thin, dark	<input type="radio"/>	Soft, pink, red, or yellowish	<input type="radio"/>	Oily and smooth, large, thick and firm, pale
14.	My veins are:	<input type="radio"/>	Prominent	<input type="radio"/>	Somewhat visible	<input type="radio"/>	Not visible
15.	My shoulders are:	<input type="radio"/>	Narrow and slope downward	<input type="radio"/>	Medium-sized	<input type="radio"/>	Broad, firm, developed

BODY CHARACTERISTICS AND FUNCTIONS ASSESSMENT

1.	My hips are:	<input type="radio"/>	Narrow	<input type="radio"/>	Medium width	<input type="radio"/>	Wide
2.	My hands are:	<input type="radio"/>	Small, dry, cool, with small, long fingers	<input type="radio"/>	Medium-sized, moist, warm, pink	<input type="radio"/>	Large, oily, cool, firm
3.	My joints are:	<input type="radio"/>	Thin, small, and make cracking noises	<input type="radio"/>	Moderate in size, soft and loose	<input type="radio"/>	Large, well lubricated and well knit
4.	My nails are:	<input type="radio"/>	Dry, rough, brittle, and break easily	<input type="radio"/>	Flexible, pink, and lustrous	<input type="radio"/>	Thick, smooth, shiny, and hard
5.	My perspiration is:	<input type="radio"/>	Scanty with no odor	<input type="radio"/>	Heavy with strong odor	<input type="radio"/>	Moderate or heavy with pleasant odor
6.	My appetite is:	<input type="radio"/>	Irregular, with skipped meals	<input type="radio"/>	Strong, must eat regular meals	<input type="radio"/>	Constant, but can skip meals
7.	My sleep pattern is:	<input type="radio"/>	Irregular, light, interrupted, 5-7 hours a night	<input type="radio"/>	Sound and even, 6-8 hours a night	<input type="radio"/>	Prolonged and deep, difficult to wake up
8.	My gait is:	<input type="radio"/>	Quick, short steps	<input type="radio"/>	Medium pace, purposeful	<input type="radio"/>	Slow and graceful
9.	My energy or endurance is:	<input type="radio"/>	Low, energy comes in spurts, then need to rest	<input type="radio"/>	Is moderate or high. I can push myself too hard.	<input type="radio"/>	Good, long-lasting
10.	My bowel movements are:	<input type="radio"/>	Dry, hard, constipation	<input type="radio"/>	Soft, oily, loose	<input type="radio"/>	Heavy, slow, thick

Vata_____

Pitta_____

Kapha_____

Daily Food Intake and Time Eaten

Breakfast	Time	Lunch	Time	Dinner	Time

Daily Fluid Intake

Type of Fluid Abbreviations: W=Water J=Juice S=Soda O=Other A=Alcohol

Qty (Quantity): Please Indicate quantity consumed.

Early AM		Mid Morning		Lunch		Mid Afternoon		Dinner		Evening	
Type	Qty	Type	Qty	Type	Qty	Type	Qty	Type	Qty	Type	Qty
W		W		W		W		W		W	
J		J		J		J		J		J	
S		S		S		S		S		S	
O		O		O		O		O		O	
A		A		A		A		A		A	

If other, please enter the type below:

Daily Routine (Give me the day in the life of "you," starting with the time you wake up, daily activities including times and until the time you go to bed)

Time of day	Activity