Health Information and History

Client Name _____ Date _____

Home Address _____

Phone _____ E-mail _____

DOB _____ Time of Birth _____ Place of Birth _____

Age _____ Occupation: _____ Marital Status _____

Children & Ages _____

Please note that Ayurvedic Consultations do not include medical diagnosis and treatments. If you are concerned about a medical condition or a latent or potential medical condition you should see a medical doctor.

Health Overview

Are you currently under a physician's care for a specific medical problem? (If yes, for what)

Please state your current health concerns in order of importance?
* One

Two

Three

How and when did these conditions begin?

How do they impair your daily activities?

Health professionals seen for them:

What are your goals in terms of your health and wellness?

Please list any areas of your body where you experience pain, numbness or tingling and describe the sensations.

Last physical examination: Date_____ Blood Pressure _____ Cholesterol _____

Height _____Weight _____ Weight Changes _____ Please list all current medicines or supplements you are taking (Or have taken within the last six months):

Please list your typical daily meals:

What surgeries and/or hospitalizations have you had? (Include dates)

PERSONAL HISTORY:
Please indicate whether you or a family member have had any of the following conditions and if that family member was **maternal or paternal:**

	Myself	Family Member			Myself	Family Member	
		Maternal	Paternal			Maternal	Paternal
Allergies to Food				Thyroid Condition			
Allergies to Drugs				Thyroid Medication			
Stroke				Ulcers			
Cerebrovascular Accident				Intestinal Bleeding			
Pain in the Ear				Chronic Constipation			
Ringing in the Ear				Recurring Diarrhea			
Mononucleosis				Diabetes			
Jaundice				Feet or Ankles Swelling			
Gallstone				Arthritis			
Anemia				Chest Pain			
Cancer				Bleeding Gums			
Chemotherapy				Dental Treatment Complications			
Radiation Treatment				Implants			
Contact Lenses				Prosthesis			
Glaucoma				Heart Murmur			
Eye Surgery				Heart Attack			
Pneumonia				Angina			
Asthma				Heart Disease			
Shortness of breath				Heart Surgery			
Kidney Disease				Rheumatic Fever			

Kidney Stones				Prolonged Bleeding When Cut			
Bladder Disease				Psychiatric Treatment			
High Blood Pressure				Sleep Disorders			
Low Blood Pressure				Venereal Diseases (STDs)			
Dizziness				HIV Exposure			
Fainting				Hepatitis A			
Seizures				Hepatitis B			
Convulsions				Hepatitis Non-A / Non-B			
Epilepsy				TB			

Other symptoms/illness you or your family members have experienced?

Do you currently engage in any exercise or physical activity? If so, what type(s)?

FEMALES:
Age of onset of menses _____ Are you pregnant? _____ Number of Months _____

Number of previous pregnancies _____ Difficult past pregnancies _____

Complications _____

Birth Control: Y / N What Type? _____ How long _____

Date of Last Menstrual Period _____ Length of cycle _____ Cycles: regular / irregular

Days between cycles _____ Flow: heavy / med / light Pain and/or difficulty during cycle: Y / N

PMS symptoms: _____

Any other symptoms during cycle: _____

Yeast infections: _____

Urinary tract infection (UTI) (frequency, duration): _____

Menopausal stage / symptoms: _____

Check All That Apply Currently And Within The Last Six Months:

Digestion	☐ Irregular with ☐ Bloating ☐ Gas/Flatulence ☐ Abdominal Discomfort ☐ Gurgling Intestines ☐ Breathlessness	☐ Quick digestion with ☐ Acid Indigestion ☐ Heartburn ☐ Burning pain ☐ Still hungry after eating ☐ Nausea ☐ Vomiting	☐ Slow digestion with ☐ Feeling of heaviness ☐ Lethargy ☐ Sleepy after eating ☐ Low energy after meals ☐ Excess mucous secretions
Appetite	☐ Irregular ☐ Sometimes eats at midnight	☐ Excess hunger ☐ Sharp hunger ☐ Desire to eat large amount of food ☐ Strong unbearable appetite ☐ Feels hypoglycemic	☐ Emotional eating (No urge for food but still the person eats) ☐ Dull / No appetite

Cravings	☐ Fried food ☐ Hot spicy food ☐ Meat or other protein	☐ Sweets ☐ Cooling foods & drinks	☐ Hot, sharp, dry & spicy food ☐ Wine or alcohol
Elimination	☐ Tendency toward constipation ☐ Dry ☐ Irregular ☐ Defecates without satisfaction ☐ Passes gas during elimination	☐ Loose stools ☐ Diarrhea	☐ Mucous in stool
Pain	☐ Shifting ☐ Tearing ☐ Moving ☐ Vague ☐ Throbbing ☐ Colicky ☐ Cutting ☐ Excruciating with breathlessness, fear and tachycardia	☐ Burning ☐ Sharp ☐ Hot ☐ Migraine headaches ☐ Sucking pain with fever, nausea and irritability ☐ Intense pain	☐ Dull ☐ Stable ☐ Deep dull aching pain ☐ Can sleep through the pain
Skin	☐ Dry ☐ Cracked ☐ Rough ☐ Thin ☐ Discolored ☐ Patchy	☐ Hives ☐ Rash ☐ Urticaria Acne ☐ Tender ☐ Warm/hot to touch ☐ Redness ☐ Boils ☐ Ruddy ☐ Itchy	☐ Excess oily ☐ Thick ☐ Pallor ☐ Cold/clammy ☐ Lustrous
Sleep	☐ Insomnia ☐ Need night light ☐ Restless ☐ Difficulty falling asleep	☐ Interrupted sleep ☐ Must have complete darkness ☐ Needs to read/TV to sleep	☐ Excess sleep ☐ Daytime napping ☐ Heavy sleeper ☐ Slow to awaken ☐ Hypersomnia
Seasonal Allergies	☐ Breathlessness ☐ Wheezing ☐ Constricted Breathing	☐ Rash ☐ Itching eyes ☐ Hives ☐ Irritation ☐ Inflammation	☐ Runny nose ☐ Watery eyes ☐ Congestion
Food Sensitivities	☐ Night shades ☐ Left-overs ☐ Dry fruits ☐ Raw food	☐ Hot spicy foods ☐ Sour foods ☐ Fermented foods	☐ Dairy products ☐ Sugar ☐ Wheat
Sweating	☐ Scanty or no sweat	☐ Excess ☐ Profuse with body odor	☐ Cold/clammy

Muscle Reactivity	☐ Twitching ☐ Cramping ☐ Weakness ☐ Numbness ☐ Tingling ☐ Spasms	☐ Bruising ☐ Tenderness to touch ☐ Sore ☐ Excess heat	☐ Tumors ☐ Cysts ☐ Growths ☐ Generalized weakness
Bone and Joints	☐ Painful ☐ Popping ☐ Cracking ☐ Stiffness ☐ Loose ☐ Osteopenia ☐ Osteoporosis ☐ Medical fractures ☐ Scoliosis	☐ Inflamed ☐ Hot / feverish ☐ Tender ☐ Inflammatory arthritis ☐ Osteomyelitis ☐ Bursitis	☐ Swollen joints ☐ Bone tumors ☐ Bone spurs ☐ Osteosarcoma ☐ Non-inflammation with profuse infusion ☐ Sclerosis
Circulation	☐ Cold extremities (hands, feet)	☐ Burning hands / feet ☐ Bruises easily ☐ Tendency toward bleeding	☐ Cold clammy hands ☐ Varicose veins ☐ Thrombotic element
Body Weight	☐ Variable ☐ Can't gain weight ☐ Thin or slender	☐ Stable ☐ Tendency toward hyper-metabolism	☐ Tendency to easily gain weight ☐ Over-weight ☐ Obese ☐ Voluptuous ☐ Stout
General Symptomology	☐ Dry cough ☐ Ringing ears ☐ Light-headed ☐ Dryness: external/internal ☐ Hemorrhoids: external / non-bleeding ☐ Low back ache ☐ Irregular metabolism ☐ Dry mouth ☐ Receding gums ☐ Blackish brownish discoloration ☐ Fatigue ☐ Lack of power, tone & strength ☐ Paralysis ☐ Slipped disc ☐ Hernia ☐ Difficulty sweating ☐ Cold extremities (hands, feet)	☐ Spontaneous bleeding ☐ Hyper-sensitive to smells ☐ Hair loss ☐ Excess thirst ☐ Hemorrhoids: internal / bleeding ☐ Hot flashes ☐ Tendency toward inflammatory conditions ☐ Acidic saliva ☐ Hyper acidity ☐ Yellowish discoloration ☐ Fainting ☐ High metabolism	☐ Cold ☐ Cough ☐ Congestion ☐ Excess urination ☐ Frequent urination ☐ Fibrocystic ☐ Over salivation ☐ Edema ☐ Slow metabolism ☐ Albuminuria ☐ Lipoma(s) ☐ Cataracts

Mental Emotional	☐ Transient Depression ☐ Inability to concentrate ☐ Forgetful ☐ Worry ☐ Fear ☐ Anxiety ☐ Insecurity ☐ Loneliness ☐ Nervousness ☐ Grief ☐ Restlessness ☐ Repetitive thinking ☐ Spacey	☐ Extreme depression with suicidal tendencies ☐ Anger ☐ Rage ☐ Resentful ☐ Judgmental ☐ Critical ☐ Envious ☐ Sharp tongued ☐ Vengeful ☐ Intolerant ☐ Irritable ☐ Aggressive ☐ Success-Failure mind set ☐ Seeks power, prestige and position	☐ Prolonged depression ☐ Sloppy ☐ Slow ☐ Confused ☐ Greed ☐ Attachment ☐ Mental lethargy ☐ Resistant to change ☐ Laziness ☐ Unforgiving ☐ Stubborn ☐ Boredom
Nature of response within relationships	☐ Talkative ☐ Uncertain ☐ Anxious ☐ Lonely ☐ Insecure ☐ Excitable ☐ Shy ☐ Spacey	☐ Seeks power, prestige and position ☐ Perfectionist ☐ Competitive ☐ Seeker of knowledge	☐ Based on acquiring comfort & pleasure

Body Constitution

Name _____ Date _____

Learn your Body Constitution by completing and tallying this form. Check what is true for you over the long-term course of your life in **Column A**, and what is true for you in the last 30-90 days in **Column B**. Columns A & B may be the same.

	A	B	**vata** (air/ether)	A	B	**pitta** (fire + water)	A	B	**kapha** (water + earth)
frame	☐	☐	thin, boney	☐	☐	moderate, good muscle	☐	☐	large, well-developed
weight	☐	☐	low, difficult to gain	☐	☐	moderate	☐	☐	heavy, hard to lose
skin	☐	☐	dark, cold, rough, dry, thin	☐	☐	rosy, warm, oily	☐	☐	pale, cool, oily, thick
eyes	☐	☐	small, dry, nervous, often brown	☐	☐	penetrating, green, blue, grey with yellowish sclera	☐	☐	big, beautiful, loving, calm
hair	☐	☐	dry, thin, curly	☐	☐	blond, gray, red, bald, soft, oily	☐	☐	thick, oily, wavy, lustrous
nose	☐	☐	uneven shape, deviated septum	☐	☐	long pointed, red nose tip	☐	☐	short rounded button nose
teeth	☐	☐	protrude, big roomy, thin gums	☐	☐	medium, yellow tint, soft tender gums	☐	☐	healthy white, strong gums
chest/hips/belly	☐	☐	thin, flat, sunken	☐	☐	moderate	☐	☐	expanded, round
joints	☐	☐	cold, cracking	☐	☐	moderate	☐	☐	large, lubricated
nails	☐	☐	rough, hard, brittle, split easily	☐	☐	soft, pink, lustrous	☐	☐	thick, whitish, pale, smooth, polished
voice	☐	☐	rapid, unclear, quick, talkative	☐	☐	sharp, penetrating, moderate, clear, precise	☐	☐	slow, maybe labored, or deep tonal
walk	☐	☐	quick, light, hurried	☐	☐	medium paced, purposeful	☐	☐	slow, steady, calm
disease tendency	☐	☐	nervous, sharp pains, gas/constipation,eczema	☐	☐	inflammation, rashes, heartburn, ulcers, fevers	☐	☐	fluid retention, excess mucous, bronchitis, sinus
thirst	☐	☐	changeable	☐	☐	very thirsty	☐	☐	sparsely thirsty
elimination	☐	☐	irregular, constipated, hard, dry	☐	☐	regular, loose	☐	☐	slow, plentiful and heavy
sweat	☐	☐	minimal	☐	☐	profuse, esp. when hot	☐	☐	moderate, cool, clammy
temperature pref	☐	☐	craves warmth, dislikes cold and dry	☐	☐	loves coolness, dislikes heat and sun	☐	☐	dislikes cold and damp, prefers heat
appetite	☐	☐	variable, small	☐	☐	strong, regular	☐	☐	slow, steady
digestion	☐	☐	irregular, forms gas	☐	☐	strong, quick, tends towards burning	☐	☐	slow, forms mucous
endurance	☐	☐	minimal	☐	☐	moderate	☐	☐	excellent
physical activity	☐	☐	hyperactive but tires easily	☐	☐	moderate	☐	☐	slow, but steady
mental activity	☐	☐	hyperactive	☐	☐	moderate	☐	☐	slow
sleep	☐	☐	poor, disturbed	☐	☐	moderate but sound	☐	☐	heavy, prolonged, excessive
dreams	☐	☐	active and fearful, frequent, can't remember on waking	☐	☐	fiery, war, violent, vivid, often in color, easy to remember	☐	☐	lakes, snow, romantic, only remembers highly significant, clear dreams
emotions	☐	☐	enthusiastic, outgoing, moody, anxious, fearful	☐	☐	thrives on challenges, express opinions, anger, hate, jealousy	☐	☐	calm, placid, good natured easy going, reliable, greedy, attachment
memory	☐	☐	poor long-term, quick to grasp but forgets	☐	☐	sharp and dear	☐	☐	slow to learn but never forgets
stress	☐	☐	anxious and nervous	☐	☐	angry, irritable	☐	☐	emotional overeating
work	☐	☐	quick, imaginative, creative thinker, bored with routine	☐	☐	natural leader, efficient, planned routine, perfectionist	☐	☐	keeps things calm, caring, enjoys regular routine
finances	☐	☐	poor, spends rapidly	☐	☐	moderate, buys luxuries	☐	☐	rich, thrifty
hobbies	☐	☐	travel, art, philosophy	☐	☐	sport, politics, luxuries	☐	☐	serene, leisurely types
lifestyle	☐	☐	erratic	☐	☐	busy but plans to achieve much	☐	☐	steady and regular, maybe stuck in a rut
Totals:									

STATEMENT OF UNDERSTANDING

Ayurveda is currently considered a form of complementary and alternative medicine in the United States. It is not licensed by any state as a medical discipline or practice. All services and treatments provided are complementary or alternative to health care services provided by licensed health care practitioners. Ayurveda is complementary to and supportive of traditional western medicine as practiced in the United States and does not replace medical diagnosis and treatment.

I understand that Kimberly Kubicke is an Ayurvedic Consultant and Educator who will provide me with information on the Ayurvedic approach to health care, which may affect my diet, lifestyle and health in a positive way. I understand that Kimberly Kubicke is not a medical doctor or licensed medical practitioner, has not presented herself as such, and does not seek to diagnose, treat or prescribe for disease, disorder or other pathological conditions. I agree that I am interested in enhancing my own abilities to heal and establish health in mind and body, and this is the reason I have sought these Ayurvedic consulting services. I agree that I may consult a licensed physician for any concern, at any time, about any disease or pathology, which now exists or arises at any time during my professional relationship with Kimberly Kubicke.

Furthermore, I understand that Kimberly Kubicke encourages regular medical checkups from a licensed medical professional of my choice, and that any medication that I am now taking upon my licensed physician's advice, or will take in the future, is taken strictly according to my licensed physician's directions. Furthermore that only a licensed physician of my choice can advise on medication dosages or the discontinuance or resumption of such medication.

My signature below acknowledges the above statements as fully read and understood.

Client's signature _____

Printed name _____

Date _____