



**Indigo Dragon**

Ancient Wisdom • Modern Touch

## Ayurveda Wellness Consultation Initial Intake Form

**Name:**

**Age:**

**Address:**

**Profession:**

**Phone:**

**Email:**

**Present condition:**

<b>History of past illness/medications:</b>	<b>Family History:</b>

### Consultation (FOR OFFICE USE ONLY)

<b>Appetite:</b>	<b>Stress Level 1-10:</b>
<b>Elimination:</b>	<b>Exercise/Mindfulness practice:</b>
<b>Mind:</b>	
<b>Sleep:</b>	<b>Food:</b> Breakfast:  Lunch:  Dinner:  Snacks:
<b>Weight:</b>	
<b>Skin:</b>	
<b>Tongue:</b>	<b>Prakriti:</b>
<b>Menstruation:</b>	<b>Vikriti:</b>

Please read & sign waiver and release form on back

## **Ayurveda Wellness Consult waiver and release form:**

By reading this waiver you acknowledge that Colette Kent from Elements Healing & Wellbeing is **not a medical physician** and does not practice medicine.

You acknowledge that you should always consult your personal physician before starting any new health program and you will keep your medical physician informed of any and all changes you make in your lifestyle.

You acknowledge that any advice given in this consultation is to restore balance to the body, mind, and soul and is not meant to replace any medical treatment you may currently be receiving.

You acknowledge that Ayurveda consultations are performed for wellness and not meant to diagnose or treat.

You acknowledge and release Colette Kent and Elements Healing & Wellbeing from any and all liability.

You acknowledge that you have read and voluntarily signed this Waiver and Release Form.

You acknowledge that by signing this form "I have read the Liability and Release Waiver. I accept"

Client Signature:\_\_\_\_\_ Date:\_\_\_\_\_

## Prakriti (Constitution) Questionnaire

Prakriti is your ‘true nature’, your individual blueprint or natural constitution and it is a unique blend of the three doshas. This is determined at the time of conception and stays the same throughout your life. It’s as individual as your fingerprint, creating your own unique physical and mental constitution.

Complete the Prakriti questionnaire below to determine your physical and mental constitution. Choose a box in each category which reflects your natural tendencies over the span of your life (think back to childhood, a time that we express ourselves freely before trying to “fit in”).

Body	Vata	Pitta	Kapha
<b>Weight</b>	<ul style="list-style-type: none"> <li>• Usually thin</li> <li>• Difficult to gain weight</li> <li>• Visible ribs</li> <li>• Variable weight</li> </ul>	<ul style="list-style-type: none"> <li>• Medium build</li> <li>• Good muscle tone</li> </ul>	<ul style="list-style-type: none"> <li>• Larger</li> <li>• Difficult to lose weight</li> <li>• Heavy bones</li> </ul>
<b>Skin</b>	<ul style="list-style-type: none"> <li>• Dry</li> <li>• Cool</li> <li>• Rough</li> <li>• Thin</li> <li>• Dull</li> </ul>	<ul style="list-style-type: none"> <li>• Oily</li> <li>• Smooth, warm</li> <li>• Freckles/mole</li> <li>• Rosy / copper</li> <li>• Burns easily</li> </ul>	<ul style="list-style-type: none"> <li>• Oily</li> <li>• Cool</li> <li>• Pale</li> <li>• Thick</li> <li>• Damp</li> </ul>
<b>Hair</b>	<ul style="list-style-type: none"> <li>• Thin</li> <li>• Kinky</li> <li>• Dry</li> <li>• Brittle</li> </ul>	<ul style="list-style-type: none"> <li>• Straight</li> <li>• Red/Blond/ Grey</li> <li>• Oily</li> <li>• Early receding / bald</li> </ul>	<ul style="list-style-type: none"> <li>• Thick</li> <li>• Oily</li> <li>• Wavy</li> <li>• Luxurious</li> </ul>
<b>Eyes</b>	<ul style="list-style-type: none"> <li>• Smaller</li> <li>• Scanty lashes</li> <li>• White part looks a bit grey</li> <li>• Nervous blinking</li> </ul>	<ul style="list-style-type: none"> <li>• Piercing</li> <li>• Intense</li> <li>• Light sensitive</li> <li>• White part often reddish or yellow</li> </ul>	<ul style="list-style-type: none"> <li>• Larger</li> <li>• Calm</li> <li>• Thick lashes</li> <li>• Beautiful</li> <li>• White</li> </ul>
<b>Teeth &amp; Gums</b>	<ul style="list-style-type: none"> <li>• Too many or not enough teeth</li> <li>• Irregular, gaps</li> <li>• Overcrowded</li> <li>• Receding gums</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate size</li> <li>• Teeth can yellow</li> <li>• Gums bleed easily</li> </ul>	<ul style="list-style-type: none"> <li>• Large</li> <li>• White</li> <li>• Healthy</li> <li>• Strong gums</li> </ul>
<b>Joints</b>	<ul style="list-style-type: none"> <li>• Prominent</li> <li>• Stiff</li> <li>• Crack easily</li> </ul>	<ul style="list-style-type: none"> <li>• Loose</li> <li>• Moderate size</li> </ul>	<ul style="list-style-type: none"> <li>• Larger</li> <li>• Firm</li> <li>• Lubricated</li> </ul>
<b>Circulation</b>	<ul style="list-style-type: none"> <li>• Variable to poor e.g. cold hands &amp; feet</li> </ul>	<ul style="list-style-type: none"> <li>• Good</li> <li>• Strong</li> <li>• Red nails</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate</li> </ul>
<b>Appetite</b>	<ul style="list-style-type: none"> <li>• Irregular</li> <li>• Variable</li> <li>• Skip meals</li> </ul>	<ul style="list-style-type: none"> <li>• Strong to excessive</li> </ul>	<ul style="list-style-type: none"> <li>• Steady but constant</li> </ul>
<b>Sweat</b>	<ul style="list-style-type: none"> <li>• Minimal</li> <li>• No strong odour</li> </ul>	<ul style="list-style-type: none"> <li>• Profuse</li> <li>• Strong odour</li> </ul>	<ul style="list-style-type: none"> <li>• Present</li> <li>• Moderate odour</li> </ul>
<b>Stool</b>	<ul style="list-style-type: none"> <li>• Irregular; not always daily</li> <li>• Constipated</li> <li>• Hard, little pieces</li> <li>• Gas</li> </ul>	<ul style="list-style-type: none"> <li>• Regular; daily</li> <li>• Soft</li> <li>• Loose</li> <li>• Burns</li> <li>• Yellowish/greenish</li> </ul>	<ul style="list-style-type: none"> <li>• Large</li> <li>• Well formed</li> <li>• Oily</li> <li>• Regular</li> </ul>
<b>Thirst</b>	<ul style="list-style-type: none"> <li>• Scanty</li> <li>• Irregular</li> </ul>	<ul style="list-style-type: none"> <li>• Strong</li> <li>• Excessive</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate</li> </ul>
<b>Nose</b>	<ul style="list-style-type: none"> <li>• Deviated Septum</li> <li>• Irregular</li> </ul>	<ul style="list-style-type: none"> <li>• Longer, pointed</li> <li>• Tip may be red</li> <li>• Sharp</li> </ul>	<ul style="list-style-type: none"> <li>• Wider, rounder, shorter</li> <li>• Thicker, fleshy</li> </ul>
<b>Body Total</b>	<b>Vata=</b>	<b>Pitta =</b>	<b>Kapha =</b>

<b>Mind</b>	<b>Vata</b>	<b>Pitta</b>	<b>Kapha</b>
<b>Emotion</b>	<ul style="list-style-type: none"> <li>• Enthusiastic</li> <li>• Fearful</li> <li>• Tends to worry</li> </ul>	<ul style="list-style-type: none"> <li>• Courageous</li> <li>• Intense</li> <li>• Quick to anger</li> </ul>	<ul style="list-style-type: none"> <li>• Calm</li> <li>• Over-attached &amp; possessive</li> <li>• Slow to anger</li> </ul>
<b>Temperament</b>	<ul style="list-style-type: none"> <li>• Variable</li> <li>• Changeable</li> <li>• Excitable</li> <li>• Creative</li> <li>• Sociable</li> <li>• Makes friends easily</li> </ul>	<ul style="list-style-type: none"> <li>• Motivated</li> <li>• Competitive</li> <li>• Driven</li> <li>• Impatient</li> <li>• Controlling</li> <li>• Likes to interact for a purpose</li> </ul>	<ul style="list-style-type: none"> <li>• Happy &amp; easy going</li> <li>• Can be lazy</li> <li>• Reserved</li> </ul>
<b>Speech</b>	<ul style="list-style-type: none"> <li>• Fast</li> <li>• Frequent</li> <li>• Higher pitched</li> <li>• Talks a lot</li> </ul>	<ul style="list-style-type: none"> <li>• Good speaker, articulate</li> <li>• Can be sharp, argumentative</li> <li>• Medium tone</li> </ul>	<ul style="list-style-type: none"> <li>• Slower</li> <li>• Silent</li> <li>• Methodical</li> <li>• Deeper voiced</li> </ul>
<b>Mind</b>	<ul style="list-style-type: none"> <li>• Very quick</li> <li>• Adaptable</li> <li>• Curious</li> <li>• Restless</li> <li>• Lose interest quickly</li> </ul>	<ul style="list-style-type: none"> <li>• Sharp intellect</li> <li>• Penetrating</li> <li>• Critical</li> </ul>	<ul style="list-style-type: none"> <li>• Slower to respond</li> <li>• Lethargic</li> </ul>
<b>Faith</b>	<ul style="list-style-type: none"> <li>• Erratic</li> <li>• Variable</li> </ul>	<ul style="list-style-type: none"> <li>• Strong</li> <li>• Determined</li> <li>• Possible fanatic</li> </ul>	<ul style="list-style-type: none"> <li>• Steady</li> <li>• Slow to change</li> <li>• Consistent</li> </ul>
<b>Memory</b>	<ul style="list-style-type: none"> <li>• Quick but absent minded</li> <li>• Learns &amp; forgets easily</li> </ul>	<ul style="list-style-type: none"> <li>• Sharp</li> <li>• Clear</li> </ul>	<ul style="list-style-type: none"> <li>• Slower to grasp initial idea but does not forget</li> <li>• Steady</li> </ul>
<b>Sleep</b>	<ul style="list-style-type: none"> <li>• Light</li> <li>• Poor</li> <li>• Disturbed</li> <li>• Insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• Medium but satisfying</li> </ul>	<ul style="list-style-type: none"> <li>• Heavy to excessive</li> </ul>
<b>Stress response</b>	<ul style="list-style-type: none"> <li>• Fear</li> <li>• Anxiety</li> <li>• Mind spinning</li> </ul>	<ul style="list-style-type: none"> <li>• Anger</li> <li>• Jealousy</li> <li>• Feelings of hate</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawn</li> <li>• Greedy</li> <li>• Possessive</li> </ul>
<b>Mind Total</b>	<b>Vata =</b>	<b>Pitta =</b>	<b>Kapha =</b>
<b>Body/Mind Total</b>	<b>Vata =</b>	<b>Pitta =</b>	<b>Kapha =</b>

**Your Prakriti or 'True Nature' is**

# Ama (Toxin) Questionnaire

(Circle your response)

<b>1: Never</b>
<b>2: Rarely</b>
<b>3: Sometimes</b>
<b>4: Often</b>
<b>5: Always</b>

I tend to feel blocked in my body (congested in the head, general lack of clarity, or other).

1      2      3      4      5

In the morning when I wake up, I'm groggy; it takes me quite a while to feel really awake.

1      2      3      4      5

I tend to feel weak, physically, for no reason that I can see.

1      2      3      4      5

I get colds (or similar conditions) several times each year.

1      2      3      4      5

My body tends to have a feeling of heaviness.

1      2      3      4      5

I just tend to feel that "something isn't working right" in the body (digestion, breathing, bowel movements, or something else).

1      2      3      4      5

I tend to feel lazy. (My capacity to work seems alright, but I have no inclination.)

1      2      3      4      5

I commonly have indigestion.

1      2      3      4      5

I often feel the need to spit.

1      2      3      4      5

Often, I just don't have a taste for food. I have no appetite.

1      2      3      4      5

I just tend to feel tired, even exhausted...in mind or body.

1      2      3      4      5

**Add up your scores to arrive at a rating for your level of Ama (toxins):**  
**45-55 Severe      35-45 Moderate      25-35 Mild      11-25 Minimal**