



GREEN TULIP HEALTH & WELLNESS, LLC
Nourish, Balance & Transform with Ayurveda

Disclaimer:

The individualized Ayurveda consultation session/s offered by Vibha Rana of Green Tulip Health & Wellness LLC does not take the place of a medical evaluation, diagnosis, or treatment and Vibha will not diagnose any medical conditions or provide medical care. Results of Ayurvedic consultation and coaching vary and depend upon many factors including the individual's current state of body, mind, and commitment to Ayurvedic principles. Ayurveda consultation by Vibha does not guarantee the results of any individual coaching, dietary supplement, lifestyle change, or the recommended Ayurvedic program as a whole.

All information provided at the time of service is entirely educational in nature and is to be used at your own risk. I strongly advise you to consult with your primary care physician if you have any specific health issues e.g. chronic conditions, high blood pressure, prescription drugs and/ or any other that may contradict with the services, and whether these sessions are even right for you.

Upon booking an appointment, you acknowledge to have read the disclaimer and agree to take full responsibility in accepting the consultation & coaching. You agree to hold Vibha Rana of Green Tulip Health & Wellness, LLC free from any liability when receiving this service. The sessions can be stopped at any time if the client and the consultant decide they are no longer effective or needed.

As your Ayurveda Wellness Consultant it is my utmost responsibility towards my profession and my client/s that I protect his/her health information/s provided to me via the respective forms, during the in office, phone or zoom sessions and by emails. The information collected for this purpose will never be shared with another entity and will be protected.

Consultant Signature:

Vibha Rana

Client's Signature & Date:



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Ayurveda consultation intake form

Client Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

Age _____ Sex _____ Marital Status _____

Weight _____ Height _____

How did you hear about us? _____

Objectives

Please check the items that reflect your main Objectives:

- I want an alternative approach to for managing illness and disease
- I want to improve my general health and wellness and reduce my vulnerability to illness and disease
- I want to improve my lifestyle and dietary practices to improve my health
- I want to change my habits and behavioral patterns to improve my relationships with others
- I want to manage stress, tension and worry to attain a more stable emotional nature

Current General Health Concerns

Any past history of the following. Circle all that apply:

Stress related to serious injuries

Trauma / Fatigue or both

Emotional/Mental stresses / Mental Clarity/Concentration

Troubled lifestyle conditions

Vision problems, including dry eyes

Changes in weight

Hot flashes

Aches, pains

Cosmetic surgery

Current Symptoms- please describe

Appetite:

Bowel movement: (be specific e.g. regularity, hard, soft, color etc)

Sleep issues:

Urine: color- flow- how many times a day- **Stress**

level (Be specific about how it's affecting your daily life)

Previous Health/Family History.

In females-

Menstrual Cycle/ please describe any symptoms of concern

Menopause: Please describe if you have any pre/post menopausal symptoms

In males- current prostate health or provide any concerns you may have.

Current Medications, Herbs or Supplements

What medications are you currently taking or have taken recently, including birth control and hormone replacement therapy?

General Health and Lifestyle Patterns

1. Do you exercise regularly? Circle one yes , no

Length of time: _____ times per week: _____

2. How much of the following do you drink? (Note: 1 cup = 8 ounces)

- Water No. of cups per day: _____
- Non-caffeinated beverages: No. of cups per day: _____ types : Herbal tea milk juice/other _____
- Caffeinated beverages: No. of cups per day: _____ types: Coffee/ tea soda _____
- Alcohol: No. of cups per: ___ day ___ week ___ month

3. Do you currently smoke?

Yes - How may cigarettes / cigars per day? _____ How long have you smoked? _____

No – Have you ever smoked? o yes o no. If yes, when did you quit?

4. Any current or past use of addictive substances? yes no quit, when?

5. Do you experience allergic reaction to any substances (food, drugs, herbs, environmental etc.)

Please

explain: _____

6. What type of work you do for living:

7. Please circle your work level of stress: (1 = least, 5= most): Level of satisfaction:

8. Are you currently experiencing stress in any close relationship?

If yes, level of emotional stress:

Usual Daily Routine:

Wake up time:

Any afternoon naps:

Bedtime:

Daily activities:

Physical Observation:

Appearance –

Shape of the face -

Any other observation – color of Eyes - color of skin-

Tongue (color, cracks best time is to check in the morning before brushing) - Describe if any unusual symptoms such as tenderness, pain, blood while brushing etc.

Nails (color, ridges) -

Normal Body Temp –

Daily Eating Pattern- Describe

Meals	Time	Solids	Liquids
Breakfast			
Snack			
Lunch			
Snack			
Dinner			

Dietary Patterns

What kind of taste do you prefer? Please circle one of the following:

Sweet , Sour , Salty , Pungent , Bitter , Astringent

Favorite Taste:

Cravings:

Addictions:

Exercise:

Usual Daily Routine:

Wake up time:

Any afternoon naps:

Bedtime:

Daily activities:

AYURVEDIC CONSTITUTION QUIZ

Determining Your Dominant Ayurvedic Psycho-physiological (Mind-Body) Constitutional Type:

Vata, Pitta or Kapha

The following simple test will give you a fairly good idea of the levels of your doshas. We have to remember that everyone has all three doshas, but in varying degrees. After reading each description, mark 0 to 7 in the box provided.

Please rate each question according to the following scale and fill in your scores below.

0 – 1	2	3 – 4	5	6 – 7
Does not Apply	Applies Rarely	Applies Sometimes	Applies Often	Applies Most of the Time

Evaluating My Vata

Physical Attributes:

1. My physique is thin – I don't gain weight easily.
2. I am quick and active.
3. My skin is usually dry, more so in winter.
4. My hands and feet are usually cold.
5. My energy fluctuates and comes in bursts.
6. I usually develop gas or constipation.
7. I usually have difficulty falling asleep or having a sound night's sleep.
8. I am uncomfortable in cold weather.

Mental, Emotional, and Behavioral Attributes:

9. My nature is lively and enthusiastic.
10. I have difficulty memorizing things and remembering them later.
11. It is easy for me to learn new things quickly, but I also forget quickly.
12. I am not good at making decisions.
13. I am anxious or worrisome by nature.
14. People think I'm talkative and that I talk quickly.
15. I am usually emotional by nature and my moods fluctuate.
16. My mind is restless, but also imaginative.
17. I have irregular eating and sleeping habits.

Total Vata:

Evaluating My Pitta

Physical Attributes:

1. My hair is fine, straight, light, blonde, red, graying early, or balding.
2. I don't tolerate hot weather.
3. I sweat easily.

4. I can't tolerate delaying or skipping a meal.
5. My appetite is very good and I can eat big meals.
6. My bowel movements are regular. I might have occasional loose stool but not much constipation.
7. I like cold drinks and such foods as ice cream.
8. I often feel hot.
9. Spicy, hot foods upset my stomach.

Mental, Emotional, and Behavioral Attributes:

10. I consider myself efficient.
11. I try to be organized and accurate.
12. I have a strong will and my friends think I am stubborn.
13. I am impatient by nature.
14. I tend to become irritable or angry quite easily.
15. I try to be meticulous and am a perfectionist by nature.
16. I get angry easily, but I don't hold a grudge.
17. I am usually critical of myself and others.

Total Pitta:

Evaluating My Kapha

Physical Attributes:

1. It is easy for me to gain weight but difficult to lose.
2. Skipping meals is easy for me and does not cause any problems.
3. I tend to have congestion, mucus, or sinus problems.
4. I'm a sound sleeper.
5. I have thick, oily, dark, wavy hair.
6. My skin is smooth and soft with an almost pale complexion.
7. My body frame is large and solid with a heavy bone structure.
8. My digestion is slow, so I feel full after eating.
9. I have a steady energy level with good endurance and strong stamina.
10. I'm sensitive to cool and damp weather.

Mental, Emotional, and Behavioral Attributes:

11. I tend to be slow, methodical, and relaxed.
12. I need to sleep a minimum of eight hours to feel well the next morning.
13. By nature I am calm and composed. I don't get angry easily.
14. I am not a quick learner but I am good at memorizing things and remembering them later.
15. Many people consider me affectionate, forgiving, and peaceful.
16. I usually oversleep and have difficulty waking up the next morning.
17. I am very reluctant to take on new responsibilities.

Total Kapha:

My total scores are:

Vata _____ Pitta _____ Kapha _____
 I am _____ first, _____ second, and _____ third.

MENTAL CONSTITUTION ACCORDING TO THE THREE GUNAS

Mental Constitution Chart			
Diet	Vegetarian	Some meat	Heavy meat diet
Drugs, Alcohol and Stimulants	Never	Occasionally	Frequently
Sensory Impressions	Calm, pure	Mixed	Disturbed
Need for Sleep	Little	Moderate	High
Sexual Activity	Low	Moderate	High
Control of Senses	Good	Moderate	Weak
Speech	Calm and peaceful	Agitated	Dull
Cleanliness	High	Moderate	Low
Work	Selfless	For personal goals	Lazy
Anger	Rarely	Sometimes	Frequently
Fear	Rarely	Sometimes	Frequently
Desire	Little	Some	Much
Pride	Modest	Some ego	Vain
Depression	Never	Sometimes	Frequently
Love	Universal	Personal	Lacking in love
Violent Behavior	Never	Sometimes	Frequently
Attachment to Money	Little	Some	A lot
Contentment	Usually	Partly	Never
Forgiveness	Forgives easily	With effort	Holds long term grudges
Concentration	Good	Moderate	Poor
Memory	Good	Moderate	Poor
Willpower	Strong	Variable	Weak
Truthfulness	Always	Most of the time	Rarely
Honesty	Always	Most of the time	Rarely
Peace of Mind	Generally	Partly	Rarely
Creativity	High	Moderate	Low
Spiritual Study	Daily	Occasionally	Never
Mantra, Prayer	Daily	Occasionally	Never
Meditation	Daily	Occasionally	Never
Service	Much	Some	None
Total	Sattva _____	Rajas _____	Tamas _____
<p>Total up the numbers and see which is predominant in your nature. Strive to move from Tamas to Rajas and Sattva to elevate your consciousness.</p> <p><i>For most of us, our answers will generally fall in the middle or the Rajasic area, which is the main spiritual state in our active and outgoing culture today. We will have various psychological problems but can usually deal with them. A Sattvic nature shows a spiritual disposition with few psychological issues. A highly Sattvic nature is rare at any one time and shows a saint or sage. A Tamasic person has a danger of severe psychological problems but would be unlikely to fill out such a chart or even read such a book. The areas in ourselves that we can improve from Tamas to Rajas or from Rajas to Sattva will aid in our peace of mind and spiritual growth. We should do all we can to make such changes.</i></p>			

DHATU QUIZ

Total the number of symptoms for each tissue category.

1. NUTRITIVE ESSENCE WITH PLASMA (RASA) - The nutritive essence absorbed to the body after digestion

- Very dry skin
- Premature graying of the hair
- Wrinkling of the skin at an early age
- Excess mucus or respiratory congestion
- A feeling of weakness and tiredness, lack of stamina, fluctuating energy levels
- Ovarian or breast cysts now or in the past
- TOTAL

2. BLOOD (RAKTA) - Blood tissue

- Severe hot flashes or frequent feeling of excessive heat
- Very heavy bleeding or "flooding"
- Frequent or chronic skin rashes, acne, pustules, hives
- Gallstones now or in the past (or have had gallbladder removed)
- Bleeding hemorrhoids
- Constant or problematic thirst
- Lack of thirst
- TOTAL

3. MUSCLES (MAMSA) - Muscle tissue

- Constant muscle aches or pains, or easily fatigued muscles
- Chronically swollen tonsils or lymph glands in the neck
- Itchy ear canals or eczema of ear canals or excess ear wax
- Fibroids of the uterus (now or in the past)
- Fibrous or glandular lumps in the breasts
- Severely dry, cracking lips
- TOTAL

4. FAT (MEDA) - Fat and metabolism

- Weight gain (at least 10 pounds overweight)
- Inability to lose weight even on a low-calorie diet
- High blood sugar (diabetes)
- High cholesterol
- Chronic or frequent problem with malodorous sweat or body odor
- Fatty cysts under the skin or scalp or in the breasts
- Thyroid disorder (diagnosed by a physician, including abnormal blood tests)

_____ Frequent night sweats or sweats during the day associated with hot flashes
_____ TOTAL

5. BONES (ASTHI) - Bone, cartilage, hair, and nail tissues

_____ Low bone density (osteopenia) or osteoporosis
_____ Hair breaking a lot (many split ends) or hair very dry and lacking luster
_____ Problems with your teeth (breaking easily, many cavities, etc)
_____ Nails breaking frequently
_____ Constant joint pains or arthritic condition
_____ Deep pains in the bones
_____ TOTAL

6. BONE MARROW (MAJJA) - Bone Marrow

_____ Frequent or recurring infections
_____ Excess secretions of the eyes
_____ Dryness of skin on upper eyelids
_____ Constant spacey and distractible feeling, inability to focus or concentrate
_____ Pain in the tendons, easily injured tendons, or recurrent tendonitis
_____ Frequent feelings of faintness or dizziness
_____ TOTAL

7. REPRODUCTIVE ESSENCE (SUKRA) - Reproductive fluids

_____ Absence of libido (no sex drive)
_____ Severe vaginal dryness
_____ Overall feeling of lack of attractiveness
_____ Dull, unclear eyes
_____ Infertility
_____ History of more than one miscarriage
_____ TOTAL

MALA QUIZ

URINE

- Frequent urinary tract infections
- Frequent urinary burning
- Bladder discomfort without infection
- Strong smell to urine
- Dark yellow urine even when you are drinking plenty of water
- TOTAL

STOOL

- Heavy stool that drops to the bottom of the toilet bowl
- Very loose stool, diarrhea, or stool accompanied by mucus
- Stool very hard, in small balls, difficult to pass or not eliminated every day
- Undigested food visible in the stool
- Stool always very foul smelling
- TOTAL
(If you have blood in your stool, or black stools, see your physician immediately for further evaluation)

SWEAT

- Sweat irritates your skin or provokes rashes or infected sweat glands
- Sweat smells bad
- Unpleasant body odor
- Too much sweat
- No sweat, even when you are very hot
- TOTAL

AMA QUESTIONNAIRE

1: Never
2: Rarely
3: Sometimes
4: Often
5: Always

Circle Your Response:

Question 1: I tend to feel blocked in my body (congested in the head, general lack of clarity, or other).
1.....2.....3.....
4.....5

Question 2: 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

Question 3: I tend to feel weak, physically, for no reason that I can see.
1.....2.....3.....4.....5

Question 4: I get colds (or similar conditions) several times each year.
1.....2.....3.....4.....5

Question 5: My body tends to have a feeling of heaviness.
1.....2.....3.....4.....5

Question 6: 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

Question 7: I tend to feel lazy. (My capacity to work seems all right, but I have no inclination.)
1.....2.....3.....4.....5

Question 8: I commonly have indigestion.
1.....2.....3.....4.....5

Question 9: I often feel the need to spit
1.....2.....3.....4.....5

Question 10: Often, I just don't have a taste for food. I have no appetite.
1.....2.....3.....4.....5

Question 11: 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: 45-55 Severe, 35-45 Moderate 25-35, Mild 11-25 Minimal

Use this sheet to describe any condition or concern in detail that could not fit in the form.