Ayurveda Patient Profile

BASTYR CENTER FOR NATURAL HEALTH | *the teaching clinic of Bastyr University*

Patient name: _____ Date of Birth _____ / _____ / _____

Personal Information

Time of birth (best from birth certificate): _____ Age: _____

Place of birth: City: _____ State: _____ Country: _____

Occupation: _____ Marital status: _____

Children/ages: _____

Concerns

Please describe the conditions that are currently bothering you (use an additional page if necessary):

_____

_____

How long have your present concerns troubled you?: _____

What would you like to achieve or change in terms of your health and wellness?:

_____

_____

Last Physical Exam

Date: _____ Blood pressure: _____ Cholesterol: _____

Height: _____ Weight: _____ Weight changes: _____

Psychosocial

Financial problems: ☐ Major ☐ Average ☐ Minor

Work or school adjustments: ☐ Difficult ☐ Easy

Marital status: ☐ Single ☐ Partner ☐ Married ☐ Widow ☐ Divorced

Marital adjustments: ☐ Difficult ☐ Easy

Are you sexually active?: ☐ Yes ☐ No Frequency? _____

Have you ever contracted a sexually transmitted illness?: ☐ Yes ☐ No

If yes, what and when?: _____

Method of birth control: _____

Sexual difficulties: _____

Nervous tension: ☐ Major ☐ Average ☐ Minor

Reasons for nervous tension: _____

Significant life events: (i.e. moving, divorce, death): _____

Last Revised October 2016

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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 eat 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 you still eat) ☐ 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	☐ Defecate without satisfaction ☐ Pass 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

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Check all that apply currently and within the last six months:

Seasonal Allergies	☐ Breathlessness ☐ Wheezing ☐ Constricted Breathing ☐ Rash	☐ Itching eyes ☐ Hives ☐ Irritation ☐ Inflammation	☐ Runny nose ☐ Watery eyes ☐ Congestion
Food Sensitivity	☐ Night shades ☐ Leftovers	☐ Dry fruits ☐ Raw food ☐ Hot spicy foods	☐ Sour foods ☐ Fermented foods ☐ Dairy products
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 ☐ Overweight ☐ Obese ☐ Voluptuous ☐ Stout

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Check all that apply currently and within the last six months:

General Symptoms	☐ Dry cough ☐ Ringing ears ☐ Light-headed ☐ Dryness: external/internal ☐ Hemorrhoids: external/ nonbleeding ☐ Low backache ☐ Irregular metabolism ☐ Dry mouth ☐ Receding gums ☐ Blackish brownish discoloration ☐ Fatigue ☐ Lack of power, tone & strength ☐ Paralysis	☐ Slipped disc ☐ Hernia ☐ 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 relation-ships	☐ Talkative ☐ Uncertain ☐ Anxious ☐ Lonely ☐ Insecure ☐ Excitable ☐ Shy ☐ Spacey	☐ Seeks power, prestige and position ☐ Perfectionist ☐ Competitive ☐ Seeker of knowledge	☐ Based on acquiring comfort and pleasure

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Check your current digestive and psychological/emotional health challenges:

- ☐ Abdominal Pain
- ☐ Belching
- ☐ Regurgitation
- ☐ Gas
- ☐ Burning Indigestion
- ☐ Vomiting
- ☐ Nausea
- ☐ Heavy after eating
- ☐ Low energy after eating
- ☐ Bloating
- ☐ Constipation
- ☐ Diarrhea
- ☐ Unformed stool
- ☐ Rectal pain
- ☐ Bloody stool
- ☐ Mucous stool
- ☐ Unusual stool color
- ☐ Worry
- ☐ Anxiety/Fear
- ☐ Overwhelm
- ☐ Spacey
- ☐ Insomnia
- ☐ Self-destructive
- ☐ Irritable
- ☐ Anger
- ☐ Resentment
- ☐ Jealousy/Envy
- ☐ Critical
- ☐ Intense
- ☐ Sadness
- ☐ Depression
- ☐ Greediness
- ☐ Lethargy

What's your appetite like before eating (strong, so/so or poor)?: _____

_____

_____

How do you feel after eating (bloating, belching, fatigue, etc.)?: _____

_____

Do you currently engage in any exercise or physical activity?: ☐ Yes ☐ No

If yes, what kind?: _____

_____

Have you ever done yoga postures before? ☐ Yes ☐ No

If yes, what type(s) and how often?: _____

_____

List regular practices that are not included above, such as meditation, spiritual practices, etc.: _____

_____

_____

Diet

Please describe foods that you typically eat:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water and Beverages: _____

Eating Routines: _____

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Daily Routine

	Time	Activities	Variations
Morning			
Afternoon			
Evening			

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For Females

Age of onset of menses_____ Are you pregnant ☐ Yes ☐ No Months_____ # previous pregnancies _____

Difficult past pregnancies_____ Complications _____

Birth control ☐ Yes ☐ No What type _____

How long _____ Date last menstrual period_____ / _____ / _____

Length of cycle_____ ☐ regular ☐ irregular

Days between cycles_____ Flow ☐ heavy ☐ med ☐ light Color blood_____

Clots ☐ Yes ☐ No When_____ Pain and/or difficulty during cycle ☐ Yes ☐ No When_____

PMS symptoms: _____

Any other symptoms during cycle: _____

Yeast infections: _____

Urinary tract infections (frequency, duration): _____

Menopause stage/symptoms: _____

For Males

Prostate conditions_____ Other_____

Libido ☐ strong ☐ medium ☐ low Erections ☐ sustainable ☐ lost

Describe any other symptoms that you have regarding urination and/or sexual function _____

_____

_____

Notes

Use this space for anything else you would like to share:_____

_____

_____

_____

_____

_____

_____

_____

_____