

CONFIDENTIAL PATIENT FORM
Mas Vidal Director & Ayurvedic Practitioner

1st Visit _____/_____/_____

Follow up visit _____/_____/_____

Name _____

Address _____

City _____ State _____ ZipCode _____

Country _____

E-mail _____

Home. Phone _____ Wk/Cell _____

Marital status (Circle one) Single Married Divorced Separated Widowed

Birth Date _____/_____/_____ Birth Time _____AM or PM

Birth City _____

Country _____

Age of physical body _____ Weight _____ Height _____

Education completed: High school _____ College _____ Graduate _____

Referred By: _____ Physician _____

REASON FOR YOUR CONSULTATION:

(For serious diseases or chronic health issues give specific details such as date of first occurrence and related symptoms or surgeries performed).

1. _____

2. _____

3. _____

4. _____

5. _____

List specific areas of pain or discomfort from injury, stress or trauma.

1. _____

2. _____

3. _____

4. _____

5. _____

List any serious childhood diseases

List all medications / Health supplements / Herbs, you are currently taking
(List time period and for what purpose)

1. _____

2. _____

3. _____

4. _____

5. _____

~ Do you have any addictions to Coffee, Black Tea, or Cigarettes or Drugs?

Yes _____ No _____

If Yes, how often, and for how long has this been a habit? _____

List any genetic or hereditary diseases from specific family members

Do any family members have addiction problems (e.g., alcohol, drugs)? If yes, who?

Did you experience any emotional abuse in your life?

If yes, what type? Please Circle: Physical Mental Emotional

Current career/job _____

Career/Job satisfaction: Love it _____ Ok/Temporary _____ Unhappy _____

Family/Social life: Good _____ Average _____ Not good _____

A. How would you best describe your digestive system?

Strong_____ Weak_____ Fast_____ Slow_____ Bloating_____ Gas_____

Constipation,_____ Normal_____ Irregular_____ Diarrhea_____

B. How often do you experience the above?

Daily_____ Weekly_____ Monthly_____

C. How often do you have a bowel movement?

1-2x's Daily_____ 1x Daily_____ Every 2 days_____ Every 2-3 Days_____

STOOL

- _____A. Dry, hard, tight, small sized and often difficult to pass
- _____B. Soft, loose, fragmented, stretched, oily, passes quite easily
- _____C. Normal, tube/hose like shape, well sized
- _____D. All of the above

~ What time do you usually go to sleep? _____P.M. _____A.M.

~ What time do you usually wake up? _____A.M. _____P.M.

SLEEP

- _____A. Poor, interrupted, light and easily awakened, restless, often difficult to fall asleep
- _____B. Variable, little at times but sound, can fall asleep quickly but eager to get up
- _____C. Heavy, deep, excessive at times, can be difficult to get up
- _____D. All of the above

~ If your sleep is interrupted, what time do you wake up at night? _____AM

DREAMS

- _____A. Frequent, flying, running, moving, fearful
- _____B. Moderate and occasionally colorful, anger, violent, dramatic
- _____C. Infrequent, watery, romantic, loving and friendly
- _____D. All of the above

STATE OF MIND

- _____A. Restless, active thinker, lacks focus, short attention and poor concentration
- _____B. Aggressive, intelligent, sharp, focused with intervals of intense thoughts and ideas
- _____C. Calm, slow thinker and quite relaxed, steady and even-minded
- _____D. All of the above

MEMORY

- _____A. Quick, recent, short term, absent minded, forgetful and then reminded
- _____B. Sharp, clear, vivid and detailed, retained then lost, grasping
- _____C. Slow but steady, long term, sound and clear
- _____D. All of the above

ACTIVITY & EXERCISE

- _____A. Active, restless, start then lose interest, like to move, adjust frequently
- _____B. Regular, spurts of intensity, seem to keep it going regardless of anything
- _____C. Lethargic, slow, do it with much hesitation, sometimes resistant
- _____D. All of the above

~ How many times per week do you exercise (yoga, sports, gym etc...)_____x's

~ How many times per week do you perform cardiovascular exercise?_____x's

SWEAT/PERSPERATION

- _____A. Slight, little and lightly, difficult, stay dry, occasionally
- _____B. Strong and profuse & poring but not enduring, start easily and occurs regularly
- _____C. Slow to start, then profuse and abundant
- _____D. All of the above

WEIGHT

- _____A. Thin, hard to hold or gain, hardly fluctuates
- _____B. Moderate, fluctuates slightly
- _____C. Heavy, fluctuates, challenge to lose weight and easy to gain
- _____D. All of the above

Has your weight ever fluctuated (up or down) more than 15-20lbs?

Yes_____No_____

APPETITE

- _____A. Variable, scanty, inconsistent, irregular with meals and times
- _____B. Strong, excessive, intense and tendency to over eat
- _____C. Slow, but steady, like to snack and nibble
- _____D. All of the above

~ How many meals do you eat per day?_____.

~ Are you a Vegetarian? Yes_____ No _____

If no, how often do you eat meats? Daily_____ Weekly_____ Monthly_____

THIRST

- _____A. Low
- _____B. High
- _____C. Medium
- _____D. All of the above

TASTE (WHAT YOU LIKE)

- _____A. Sour (lemon or vinegar), salty (table salt)
- _____B. Sweet, bitter & astringent (pomegranates, persimmons & blackberries)
- _____C. Pungent (hot, spicy)
- _____D. All of the above

SPEECH

- A. Fast, frequent, repeatedly, jumpy and changing, rushed
- B. Sharp and clear, cutting and interrupting, direct to the point, pushy
- C. Slow, monotonous, pauses, long winded, relaxed
- D. All of the above

Is your life spiritual? Explain: _____

FAITH

- A. Erratic, changeable, many beliefs, unsure, questioning
- B. Strong, overwhelming, determined, intrigued and curious
- C. Steady, loyal, hesitant to change
- D. All of the above

EMOTIONAL TEMPERMANT

- A. Nervous, fearful, erratic, mood swings
- B. Aggressive, irritable, jealous, motivated
- C. Calm, conservative, attached
- D. All of the above

Is your life purposeful? (Goals, direction) _____

How often do you practice any type of yoga and ayurveda (postures, breathing, mantra disciplines, meditation, service to others, contemplative hiking, gardening or nature dwelling)?

Daily _____ Weekly _____ Monthly _____ Never _____

What types of spiritual disciplines do you practice?

Any additional thoughts or comments you feel will be supportive to this consultation:

INFORMED CONSENT TO RECEIVE COMPLEMENTARY HEALTH CARE

1. An Ayurvedic consultation or therapies such as the detoxification program (Pancha Karma) are no substitute for medical care and offers no health warranties or guarantees of any kind.
2. Always consult a physician before starting any Ayurvedic or yogic or health program.
3. In subscribing to an Ayurvedic consultation with Mas Vidal or registering for classes, events and/or treatments at Dancing Shiva or in association with Mas Vidal at an affiliated center you agree you do so at your own risk.
4. This includes recommendations to your diet, health supplements, ayurvedic treatments, yoga therapy or participation in any related activity such as retreats or special events.
5. You agree on behalf of yourself (and your personal representatives, heirs, executors, administrators, agents and assigns), to the maximum extent permitted by applicable law, to release and discharge us (and our affiliates, employees, agents, representatives, successors and assigns) from any and all claims or causes of action (known and unknown) arising out of your or our acts or omissions, including negligence.
6. This waiver and release of liability includes, without limitation, injuries which may occur as a result of a) your use of any equipment or facilities, b) any instruction and supervision received while at Dancing Shiva Yoga and Ayurveda c) your slipping and falling while in the studio or on the premises and/or d) therapeutic care in various healing modalities.
7. Dancing Shiva Yoga & Ayurveda is not a medical facility.
8. The National Institute of Health Office of Complementary and Alternative Medicine currently considers Ayurveda a form of complementary and alternative medicine in the United States. In the State of California, Ayurveda is a non-licensed profession. Its practice was formally legalized under the passage of Senate Bill 577 in January 2003. Ayurvedic Consultations are considered alternative or complementary to healing arts that are licensed by the State of California.
9. No one in association with Dancing Shiva may recommend altering your treatments/prescriptions without the approval of your physician.
10. The Practitioner may suggest that you speak to your doctor about reducing medications when he/she feels that it is appropriate.
11. This examination does not take the place of a medical evaluation.
12. Your Practitioner may take your blood pressure, check pulse and other vital signs and perform some examination techniques similar to a routine medical examination and is evaluating findings from an Ayurvedic viewpoint only and not from a Western medical perspective.

You acknowledge you have carefully read this form and release Mas Vidal and Dancing Shiva center of all liabilities. You are agreeing to waive any right you may have to bring legal action to assert claim against Mas Vidal or Dancing Shiva center.

Signature_____Date_____

PLEASE LEAVE BLANK, TO BE FILLED OUT BY THE PRACTITIONER

HEIGHT

- _____ A. Tall or very short, thin joints
- _____ B. Medium, symmetrical
- _____ C. Short or tall but large joints

FRAME

- _____ A. Thin, bony, defined muscle tone, lean
- _____ B. Moderate, muscular, athletic
- _____ C. Thick, large & well developed, stocky

SKIN TEXTURE & APPEARANCE

- _____ A. Dry, dull, rough, dusky, patchy
- _____ B. Lustrous, oily, fair, warm, soft, freckly
- _____ C. White, thick, pale, cold, damp

Skin Observations: _____

NAILS

- _____ A. Dry, crooked, ruff, brittle, curved on the edges, jagged
 - _____ B. Soft, tender, bend easily, slight shine
 - _____ C. Thick, strong, symmetrical
- ___ Vertical Lines (Malabsorption) ___ Hori Lines (Malnutrition) ___ Deep Transverse (Long illness) ___ Bump at end (Chronic Lung infection) ___ White Spots (unabsorbed calcium-intestines) ___ White spot ring finger (Intestine) ___ White spot index finger (lungs)

EYES

- _____ A. Small, dry, itching, nervous, moving, some twitching
- _____ B. Moderate in size, light sensitive, redness
- _____ C. Large, thick oily lashes, very white

LIPS

- _____ A. Small and thin, dry, chapped
- _____ B. Medium, red, curvy on the edges
- _____ C. Thick, plump, fat, rounded

TONGUE

- _____ A. Back, blackish brown, small size long & thin
- _____ B. Middle, yellowish, (Liver/Gallbladder green or red) medium size, sharp tip.
- _____ C. Front, white coating, pale, large thick & round.

Notes: _____

VIKRITI PULSE:

- _____ A. Fast, quick, snake like, inconsistent, light
- _____ B. Jumpy, active, more prominent, frog like
- _____ C. Slow, strong, steady, swan like

PRAKRITI PULSE:

- A. _____
- B. _____
- C. _____

DOSHA TYPE: _____

IMBALANCE: _____

PLEASE LEAVE BLANK, Recommendations will be given by the practitioner

Note: Adjustments to your routine should be made some 4-8 weeks after the initial consultation. Please contact the center for a follow up session with Mas or a phone consult if you live outside of California. 323 934 VEDA (8332) Herbs and special Ayurvedic supplements can be ordered online and shipped directly to you.

LIFESTYLE: _____

YOGA PRACTICE: _____

DIET: _____

HERBS & SPECIAL RECIPES: _____

THERAPIES (color, sound, aroma) _____

DETOXIFICATION PROGRAM PANCHA KARMA: 5 DAY _____ 7 DAY _____

