Auf jeder Seite oben ein Bild-Streifen……

Ayurveda Dosha-Questionnaire

All information is subject to medical confidentiality

Name ………………………………………………………. Surname ………………………………………………………………….

Street ……………………………………………………. Postal code, Place ……………………………………………………………….

Birth date ………………………………………….. Marial Status …………………………………………………………….

Children ……………………………… Height ………………………….. Body weight …………………………..

Health insurance company ……………………………… Profession ……………………………………………………………………

Occupation …….

Date of arrival …………………………….. ………… Date of departure …………………………………………………..

Telephone ………………………………………………….. E-Mail …………………………………………………………………….

Room No. ………………………. (please enter, if you are in the hotel)

Do you have acute or chronic complaints?

………

………

………

Do you currently have psychological or psychosomatic complaints?

………

………

Do you have food intolerances? Which?

*Milk (Lactose/Casein) * Gluten * Histamine * other

Ayurveda Dosha-Questionnaire

Are you undergoing a special diet?

………

………

Are you aware of allergies? Which?

………

………

What childhood problems did you experience?

………

………

Are you aware of any illnesses in your family, especially in the case of father, mother or siblings?

………

………

Have you had surgeries or an accident, if so, please explain?

………

………

Are you suffering from indigestion (constipation, diarrhoea, flatulence, heartburn)?

………

………

Have you taken medication (including antibiotics, cortisone, sleeping pills and psychiatric drugs) in the past three months or are you taking medication permanently?

Which? ……

Dosage? ………

………

Do you have the following chronic diseases? (Please check)

○ Chronic Lyme disease
○ Hepatitis
○ AIH
○ Herpes Zoster
○ Skin diseases
○ Recurrent flu
○ infection
○ Fungal diseases
○ TBC
✦ Others ………

Ayurveda Dosha-Questionnaire

How often do you taken the following remedies?

Coffein O regularly O occasionally O never Alcohol O regularly O occasionally O never

Nicotine O regularly O occasionally O never Drugs Which kind? How often?

………

The following questions only concern female:

Do you have gynecological/climacteric complaints?

………

Surgery in the uterus or in the urogenital tract?

………

When was your last menstruation?

………

The following questions only concern male:

Do you have complaints in the urogenital tract (e.g. prostate)?

………

Operations?

………

Your laboratory reports:

Please bring (if available) laboratory reports another findings from the last six months.

Dosha-Test

Please fill out the following three columns which really applies to you.

anatomy	☐	Corpulent, strong, rounded	☐	Medium-sized, dynamic	☐	Slim, unusually large or small
Bone structure	☐	Heavy bone structure	☐	Medium-strong structure	☐	Light, delicate
joints	☐	Large, slippery, well padded	☐	Medium sized, loose	☐	Protruding, dry, possibly rubbing, noises, cold
As a child	☐	Strong to chubby	☐	Medium sized	☐	Rather slim

skin	☐ Thick, oily, cold, even complexion	☐ Oily, smooth, warm, freckles	☐ Thin tissue, more dry, cold, generally rough
hands	☐ Strong, broad meaty	☐ Round shape	☐ Elongated, narrow, shape
nails	☐ Borad shape, smooth, thick, firm	☐ Round, soft, rosy colored	☐ Elongated, thin rough surface, possible brittle
face	☐ Round, full, large possibly&smooth forehead	☐ Sharp-edged, wrinkeled forehead	☐ Elongated shape, asymmetrical, possible furrowed
eyes	☐ Large, quiet, glassy, strong brows	☐ Medium-sizedm, bright, penetrating	☐ Small, active, possible dry, fine brows
Scalp hair	☐ Full, thick hair, fluffy, dark, wavy	☐ Bright, silky, darked waved populated	☐ Fine, sth. Dry sparsely, bright, possibly
As a child...	☐ Dark, thick, curly hair	☐ Fine flying blond hair	☐ Thin wavy hair
Body hair	☐ Bushy, dense, strong	☐ Light, silky, fine	☐ Ruffled, not shiny
Teeth	☐ Large, regular, bright	☐ Medium, possible a sight yellowing	☐ Small, irregular, possible grayish
Voice	☐ Deep, pleasant, sonorous	☐ Impulsive, penetrating, clear	☐ Gentle, quiet, possible a little bit rough
Hunger	☐ Regular and moderate	☐ Generally good hunger	☐ Always irregular, generally little
Immunity	☐ Strong and reliable	☐ Medium susceptible to infections	☐ Less resistant
Sportiness	☐ Slow but strong, persistent	☐ Dynamic, loves competition	☐ Slow but strong, persistent
Friendship	☐ Little relationships but long term	☐ Moderately many, but useful friends	☐ Many friendships, inconsistent
Hobby	☐ Quiet activities, collecting, reading, cuddling	☐ Sport, club activities, organizing	☐ Creative activities, dancing, traveling
Intellect	☐ Slow, well considered, sensitive	☐ Precise, concise	☐ Quick grasp, clear fiery
Reaction	☐ Relaxed traditional	☐ Critical, rational, carefully considered	☐ Spontaneously, occasionally without a degree
Ghost	Calm, leisurely,stablee, patient	Confident, determined, organized	Tolerant, imaginative, flexible, curious, scattered

I hereby confirm that all questions have been answered according to my understanding. I am informed that my information is provided on a voluntary basis.

Please note that Ayurvedic treatments and therapies can only be given after completing and signing this document.

I hereby consent to the processing and storage of my data for the stay current and future at the Ayurveda Our Way of Healing Center until further notice.

Date ……………………………………………… Signature …………………………………………………………………………….

Please fill in this questionnaire, sign before consultation and hand over to your Ayurveda expert.