
AYURVEDIC CONSULTATION

CLIENT INFORMATION

Name _____

Date _____ Appointment time _____

Address _____

Postcode _____ Mobile _____

Email _____

Birthdate _____ Place of birth _____

Time of birth _____ Age _____

Gender _____ Referred by: _____

Occupation/s _____

Consultant _____ Venue _____

CLIENT INFORMATION

Present health concerns

Current medication (including herbal supplements)

Previous health issues

Family health history

Mother

Father

Allergies

Number of children

Ages of children

Social lifestyle/interests

Health Aims

Disclaimer

I fully understand that the suggestions are not intended to diagnose, treat, or cure any disease and that there is no return or refund on Ayurvedic medicines.

Name

Date

Signature

Please give details of the food and drink that you generally consume in your day. For example, you may have a variety of breakfast meals that you rotate, i.e., Cereal, eggs, toast and jam; list all your options in the categories.

Upon rising

Breakfast

Morning tea

Lunch

Afternoon tea

Pre-meal snack or drink

Dinner

After dinner snack or drink

Before retiring

Special treats

Alcohol

Take-away

Coffee / tea

Water intake

Vegetarian / vegan / meat eater
