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Name: **Date:**

Address: **Phone:**

City: **State:** **Zip:** **E-mail:**
(Add to mailing list: ☐ Yes? ☐ No?)

Occupation: **Age:** **Sex:** ☐ M ☐ F **Height:** **Weight:**

Place of birth: **Birth date:** **Birth time:**

WAIVER CONSENT

In signing this, I acknowledge that I have read and understood the statements below and that I am in complete agreement with them.

I understand that Elizabeth Stites is an Ayurvedic Consultant and Educator. I understand that she offers lifestyle counsel based on Ayurvedic principles. I understand that she is not a Licensed Medical Physician (i.e. MD) and that she has not presented herself as such. I clearly understand that Elizabeth Stites does not seek to diagnose, treat, cure or prescribe for diseases, disorders or other pathological conditions. Understanding all this, I am requesting education within the scope and practice of Ayurveda, including—but not limited to—dietary recommendations, lifestyle choices or herbal supplements.

Furthermore, I understand that Elizabeth Stites cannot advise me on pharmaceutical medications or their dosages and I should look to my Licensed Medical Doctor before I will consider altering the use of any such medications based on what I have learned from Elizabeth Stites.

There are risks to any health and wellness practice. I do not expect Elizabeth Stites to be able to anticipate or explain all risks and complications. I wish to rely on Elizabeth Stites to exercise judgment which she feels at the time is in my best interest, based upon the facts then known to her. I agree that I have complete control over my health choices and have the ability to accept or reject the proposed Ayurvedic recommendations, or any part of them, before and/or during the application of those recommendations. I understand that Elizabeth Stites has not committed to any course of action other than the initial visit or consultation. I also understand that specific results from any Ayurvedic counsel are not guaranteed.

I agree that the statements above extend not only to Elizabeth Stites, but to any other Ayurvedic practitioners who—now or in the future—might work with her while employed by, working for, consulting with or associated with Ayureka or Elizabeth Stites, including those working at the same clinic or office, or any other office or clinic, whether signatories to this form or not.

_____ _____

SIGNATURE **DATE**

(Or Representative's Signature and please indicate relationship)

PRESENT CONCERNS

Please describe any wellness issues.

1.

2.

3.

4.

5.

Health history (including illness and surgeries)?

GENERAL INFORMATION

Weight issues? ☐ Yes? ☐ No? *If so—please explain.*

Cholesterol issues? ☐ Yes? ☐ No? *If so—levels? Any medications for this?*

Do you smoke? ☐ Yes? ☐ No? *If so—how much and how often?*

Blood pressure issues? ☐ Yes? ☐ No? *If so—please explain. Any medications for this?*

Are you allergic to any substances? ☐ Yes? ☐ No? *If so—please explain.*

Do you drink alcohol? ☐ Yes? ☐ No? *If so—how much and how often?*

Are you currently under the care of a physician(s) or healthcare professional(s)? ☐ Yes? ☐ No? *If so—what medical treatment are you receiving?*

What prescription medications do you take (and the dosage)?

Have you been on any long-term prescription medications, even if you have discontinued use?
☐ Yes? ☐ No? *If so—please explain.*

How long were on you them and are you still on those medications? ☐ Yes? ☐ No?

What non-prescription drugs, vitamins, supplements or herbs do you take?

EXERCISE

Do you exercise regularly? ☐ Yes? ☐ No? *If so—how often?*

Please describe your exercise routine:

SLEEP

	Week:	***Weekend:***
What time do you wake up?		
What time do you get out of bed?		
What time do you go to bed?		
What time do you go to sleep?		
Do you sleep during the daytime? ☐ Yes? ☐ No? *If so—how much and how often?*		

Are you having any sleep issues?
☐ Yes? ☐ No? *If so—please explain.*

If insomnia, which type?
☐ Getting to sleep?
☐ Waking up in the early AM?
☐ Not rested?

DIGESTION

How would you describe your appetite?
☐ Always hungry? ☐ Rarely hungry?
☐ Hungry at mealtime? ☐ Varies greatly?
☐ Other? *Please explain:*

Are you hungry at meal times? ☐ Yes? ☐ No?

How many meals do you eat a day?
☐ 1? ☐ 2? ☐ 3? ☐ 4? ☐ 5? ☐ 6? ☐ 7?

Which meal is your main/largest meal of the day?
☐ Breakfast? ☐ Lunch? ☐ Dinner?
☐ Other? *Please explain.*

Do you regularly snack? ☐ Yes? ☐ No? *If so—how many times a day?* ☐ 1? ☐ 2? ☐ 3? ☐ 4? ☐ 5+?

How would you rate your ability to digest food?
☐ Fair? ☐ Good? ☐ Strong? *Please explain.*

Do you have cravings for any of these food tastes?
☐ Sweet? ☐ Sour? ☐ Salty? ☐ Hot or spicy?
☐ Starchy? ☐ Oily? ☐ Bitter?
☐ Other? *Please explain.*

Do you regularly have cravings for specific foods?
☐ Yes? ☐ No? *If so—please explain.*

Do you experience discomfort with any specific foods?
☐ Yes? ☐ No? *If so—please explain.*

ELIMINATION

Do you have a bowel movement daily? ☐ Yes? ☐ No?

On average, how many daily bowel movements?
☐ 1? ☐ 2? ☐ 3? ☐ 4? ☐ 6? ☐ 7?

Do you take anything to aid or stop movements?
☐ Yes? ☐ No? *If so—please explain.*

Bowel movement description:
Consistency? ☐ Loose? ☐ Soft? ☐ Medium? ☐ Hard?
☐ Changes regularly? ☐ Other? *Please explain.*

Color?
☐ Light brown? ☐ Medium brown? ☐ Dark brown?
☐ Black? ☐ Other? *Please explain.*

Do you have any of the following with elimination?
☐ Pain? ☐ Blood? ☐ Sticky stool? ☐ Gas?
☐ Bloating? ☐ Food particles? ☐ Smell?
☐ Other? *Please explain.*

Do you have any problems with urination?
☐ Yes? ☐ No? *If so—please explain.*

Describe your urine:
☐ Clear? ☐ Cloudy? ☐ Strong smell? ☐ Burning?
☐ Frothy? ☐ Other? *Please explain.*

Do you have any problems with sweat?
☐ Yes? ☐ No? *If so—please explain.*

Describe your sweat:
☐ Excessive? ☐ Don't sweat? ☐ Strong smell?
☐ Other? *Please explain.*

REPRODUCTIVE ISSUES (Women Only)

Are you still menstruating?
☐ Yes? ☐ No?

Are you on birth control?
☐ Yes? ☐ No? *If so—what type?*

Interval between periods?

Duration of menstruation?

Flow?
☐ Light ☐ Moderate ☐ Heavy

Number of pregnancies?

Number of births?

Ages of children?

Issues with menstruation, menopause or peri-menopause? ☐ Yes? ☐ No? *If so, please explain?*

Please note any issue with menstruation:

☐ General PMS?	☐ Abdominal pain?	☐ Cramping?	☐ Bloating?	☐ Anger?
☐ Sickness?	☐ Back pain?	☐ Migraine?	☐ Weight gain?	☐ Insomnia?
☐ Fluid retention?	☐ Bleeding in-between?	☐ Irregular periods?	☐ Scanty bleeding?	☐ Clots
☐ Heavy bleeding?	☐ Swollen breast?	☐ Breast tenderness?	☐ Fibroid cysts	☐ Acne?
☐ Nipple discharge?	☐ Breast lumps?	☐ Vaginal itching?	☐ Nightmares?	☐ Anxiety?
☐ Depression?	☐ Loneliness?	☐ Mood swings?	☐ Frustration?	☐ Irritability?
☐ Vaginal discharge?	☐ Vaginal dryness?	☐ Hot flashes?	☐ Night sweats?	☐ Tubal ligation?

☐ Other? *If so, please explain?*

DIET AND ACTIVITY CHART

Date: _____/_____/_____

Please print out several copies of this journal. Track your meals and activities for a minimum of 3 days. (Feel free to go beyond 3 days!). Complete your journal entries by writing down everything you eat and do during that day. Complement this information with notes on how you feel at different times during the day.

Daily Activity and Diet Journal	Time of Day	Mental, Emotional and Physical Outcomes
	5:00 am	
	6:00 am	
	6:30 am	
	7:00 am	
	7:30 m	
	8:00 am	
	8:30 am	
	9:00 am	
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	6:00 pm	
	6:30 pm	
	7:00 pm	
	7:30 pm	
	8:00 pm	
	8:30 pm	
	9:00 pm	
	9:30 pm	
	10:00 pm	
	11:00 pm	

BIRTH CONSTITUTION CHART

Complete the grid below by circling the word description in the cell that best describes your permanent features and genetic predispositions. Permanent features are qualities such as hair color, skin tone and bone size. Ideally, you should try to think back to when you were about **10 years old** and select what best described you then. If there is a challenging tie (and words in more than one column cell apply), circle both groupings. After you have picked at least one description cell from each row, total your selections by column at the bottom. Each circled cell description gets one point.

	Vata	Pitta	Kapha
Hair	Dark (brown, black), Kinky, Tight	Soft, Oily, Fair (blond, red), Thin, Straight, Early graying or balding	Thick, Oily, Curly, Luxuriant
Teeth	Thin gums, Uneven, Gaps, Crooked, Stick out	Sensitive gums, Moderate in size, Yellowish	Strong gums, Evenly sized and spaced teeth, White, Healthy
Nose	Uneven shape, Deviated septum	Long pointed nose, Red nose-tip	Short, Rounded, Button nose
Eyes	Small, Active, Dark (black, brown), Thin lashes	Sharp, Penetrating, Bright, Light (gray, green, blue), Light sensitive	Big, Beautiful, Blue, Calm, Loving, Thick lashes
Lips	Darker hue, Thin	Rosy, Average size	Smooth, Oily, White or Pale
Chin	Thin, Oval	Tapering, Angular	Rounded, Double
Cheeks	Wrinkled, Sunken	Smooth, Flat	Rounded, Plump
Neck	Thin, Tall	Medium	Big, Thick
Frame	Small bone structure, Bony, Tall, Short, Prominent joints	Medium bone structure, Medium build, Curves	Big bone structure, Sturdy, Broad chested, Rounded curves
Skin	Thin, Rough, Cold to touch, Dull, Dark, Tans easily	Smooth, Oily, Warm, Rosy, Markings (freckles, moles, dimples), Sensitive	Thick, Moist, Cool to touch, Pale or white, Oily
Nails	Thin, Rough	Soft, Sharp, Flexible, Pink, Strong	Soft, Large, White, Thick, Oily, Smooth, Hard
Movement	Mobile, Fast, Agile	Directed, Competitive, Focused	Slow, Difficult to motivate
Endurance	Easily tired out	Moderate	Excellent, Like leisure activity
Sleep	Light, Easily disturbed	Little, but sound	Deep
Speech	Rapid, High voice	Sharp, Focused, Clear word usage	Slow, Monotonous, Harmonious
Appetite	Simple, Sparse, Snacks	Requires regular meals	Gourmet, Luxury, Fatty, Rich
Libido	Varies, Directed in fantasy	Passionate, Excessive	Loyal, Slow
Immunity	Variable	Moderate	High
Mind	Active, Curious, Fleeting	Aggressive, Clever	Slow, Calm, Content
Intellect	Quick, Not precise in response	Exacting, Defined response	Slow, Accurate response
Memory	Good short-term	Distinct, Sharp, Average memory	Good long-term, Slow, Sustained
Creativity	Innovative, Original, Creative	Technical, Scientific, Analytic	Safe, Steady choices
Dreams	Quick, Active, Frequent	Fiery, Violence, Vivid	Watery, Romantic, Calm
Routine	Likes variation	Enjoys planning and organizing, Regimented	Works well with routine
Financial	Enjoys spending	Moderate spender, Enjoys luxuries	Thrifty, Good money preserver
Emotion	Variable, Fleeting, Shy, Tendency towards fear	Intensity, Tendency toward anger, Expressed forcefully, Determined	Conservative, Tendency towards greedy, Changes slowly, Resilient
Hobbies	Travel, Art, Philosophy	Sports, Politics, Luxuries	Leisure
Faith	Variable, Erratic	Extremist, Fanatical	Consistent, Steady, Devoted
Sensitivities	Cold, Wind, Dryness (Winter)	Heat, Sun, Fire (Summer)	Cold, Damp, Humidity (Spring)
TOTAL:			

Any Ayureka products or counsel are not intended to diagnose, treat, cure or prevent disease.