

CATEGORY				✓	PRACTITIONER USE ONLY
Skin	When I have rashes, they tend to be dry and itchy. Blemishes are usually blackheads.	<input type="checkbox"/>	When I have rashes, they tend to be red and burning. Blemishes are usually ache.	<input type="checkbox"/>	When I have rashes, they tend to be wet and oozing. Blemishes are usually white pimples.
Sleep	I tend to sleep lightly and awaken very easily. It can be difficult for me to go to sleep.	<input type="checkbox"/>	I tend to sleep soundly and awaken with ease.	<input type="checkbox"/>	My sleep tends to be deep and long. It can be difficult for me to awaken in the morning.

Mental & Emotional Patterns

Stress	Under stress I often become worried or overwhelmed.	<input type="checkbox"/>	Under stress I often become irritable, but usually rise to the challenge.	<input type="checkbox"/>	Under stress, I often withdraw to observe or become reclusive.
Decision Making	I am changeable and often have difficulty making decisions.	<input type="checkbox"/>	I make decisions easily, but can change my mind with new information.	<input type="checkbox"/>	I am careful but easy-going about decisions.
Projects	I like to start projects, but at times have difficulty finishing them.	<input type="checkbox"/>	I like to start and finish projects. Completion is important to me.	<input type="checkbox"/>	I like working on a project, but prefer to let others start them.

For Women Only

	Is there a possibility you are pregnant? Are you menopausal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible If menopausal, please answer below according to your past menstrual patterns.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible	I experience PMS: <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at all	<input type="checkbox"/>	
	My menstrual cycle is irregular. It comes every ___ to ___ days and lasts ___ days.	My menstrual cycle is regular. It comes every ___ to ___ days, and lasts ___ days.	<input type="checkbox"/> Cramps <input type="checkbox"/> Bloating <input type="checkbox"/> Headache <input type="checkbox"/> Weight gain <input type="checkbox"/> Irritable <input type="checkbox"/> Breast Tenderness	<input type="checkbox"/>	
	My menstrual flow is often light, but may vary	My menstrual flow is medium heavy, and is usually consistent.	My menstrual flow is heavy and is very consistent.	<input type="checkbox"/>	
	I often have sever, cramping pain during menses.	I sometimes have mild pain during menses.	I rarely have pain during menses.	<input type="checkbox"/>	

Below for Practitioner Use Only:

V Prakruti:	P Prakruti:	K Prakruti:
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ME: _____

Intake 8

Ayurvedic History

For each category please identify your tendency over time by placing an "X" in the box that is most appropriate for you. If you are unsure or would like to speak to your practitioner about this please check (✓) in the column to the right.

CATEGORY				✓	PRACTITIONER USE ONLY	
Appetite	My hunger level is variable and I often forget to eat.	<input type="checkbox"/>	I have a strong appetite and don't like to miss meals.	<input type="checkbox"/>	I like to eat but I can go without eating with no discomfort.	<input type="checkbox"/>
Appetite	If I miss a meal, I often get light-headed, anxious or cranky	<input type="checkbox"/>	If I miss a meal, I often get irritable or angry.	<input type="checkbox"/>	If I miss a meal, it doesn't really bother me.	<input type="checkbox"/>
Appetite	I prefer to eat frequently with no set schedule, but I often forget to eat.	<input type="checkbox"/>	I prefer to eat 3 meals a day at about the same time each day. I rarely skip meals.	<input type="checkbox"/>	I prefer to eat 2 to 3 times daily, but can go without eating.	<input type="checkbox"/>
Digestion	After eating, I often experience gas or bloating.	<input type="checkbox"/>	After eating, I often experience heartburn or acidity.	<input type="checkbox"/>	After eating, I often feel heavy or sleep.	<input type="checkbox"/>
Elimination	I tend to have irregular bowel movements one time per day or less.	<input type="checkbox"/>	I tend to have 1 to 2 bowel movements daily, usually with regularity and ease.	<input type="checkbox"/>	I tend to have one bowel movement per day with no straining or difficulty.	<input type="checkbox"/>
Elimination	My bowel movements are often dry and hard. At times I may strain to push.	<input type="checkbox"/>	My bowel movements are usually well-formed, but sometimes they are loose and may burn.	<input type="checkbox"/>	My bowel movements are usually well-formed, slow and easy.	<input type="checkbox"/>
Weight	I usually don't gain weight very easily.	<input type="checkbox"/>	When I gain weight, it is fairly easy to lose it.	<input type="checkbox"/>	I gain weight easily and lose it slowly.	<input type="checkbox"/>
Body Temperature	My hands and feet often feel cold and I prefer warmer climates.	<input type="checkbox"/>	I am warm most of the time no matter what the climate is.	<input type="checkbox"/>	I adapt easily to most conditions, but tend to feel cold.	<input type="checkbox"/>
Skin	My skin tends to be dry. When very dry it tends to feel rough.	<input type="checkbox"/>	My skin flushes easily and has a reddish or yellowish shade.	<input type="checkbox"/>	My skin is thick, smooth and often feels damp or oily.	<input type="checkbox"/>

Below for Practitioner Use Only:

V Prakriti:	P Prakriti:	K Prakriti:
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PATIENT NAME: _____

Intake 7