

Health questionnaire

Please fill it in with your computer or write in block letters



AYURVEDA MEDIZIN

Date of arrival in Bad Bocklet _____ Date of departure _____

Last name

Surname

Street name

House number

Postal code / town / country

E-mail-address

Phone number / mobile

Age

Date of birth

health insurance private social health

I would like to have an invoice according to GOÄ for a fee yes

Weight

Height

Physique slim medium strong

Do you practise spirituality in your life?

Current symptoms (Please name them in chronological order, depending on intensity and duration)

1. _____

2. _____

3. _____

Course of treatment for current illnesses (e.g. surgeries, special therapies)

Traumatic experiences during your childhood or adolescence, accidents, surgeries

Previous diseases

Hypertension, diabetes, jaundice, haemorrhoids, fistula, ulcers, anemia, further diseases (if necessary)

Medicine you currently take (please name each medicament and since when you take them)

Name of medicine

month/year

Family medical history

Please describe similar diseases or symptoms which occurred in your family, if information is available

Individual short check

Appetite	
Digestion	
Urination	
Sleep	
Menstruation (regularity, also in connection with pregnancies and birth, as far as any problems occurred or still exist)	
Marital status	
Stress Level	
Do you keep to a diet?	
Nutrition habits	<input type="radio"/> vegetarian <input type="radio"/> non-vegetarian
What do you eat for breakfast and when do you have breakfast?	
What do you eat for lunch and when do you have lunch?	
What do you eat for dinner and when do you have dinner?	
Allergies und intolerances	
Do you suffer of any addiction (smoking, alcohol, medicaments)?	
Which profession do you practise at the moment?	

Date and diagnostic finding of your latest medical examination**Details of previous medical examinations** (only noticeable findings, please put standard values in brackets)

Diagnosis of your treating physician

Ayurvedic body-type-identification (self-evaluation)

Please tick as appropriate

No.	Characteristics	VATA	PITHA	KAPHA
1	Phenotype	slim hips and shoulders	average physique	wide hips and shoulders
2	Weight	low	average	high
3	Endurance/Strength	low, weak	adequate	high, good
4	Skin condition	dark, dry, rough and wrinkly	soft, bright, oily, sensitive with rose-colored or red moles and skin pigmentation	oily, white, pale, moist and smooth
5	Hair	dry, dark brown to black and curly	Fine, light brown, soft, early greying	oily, dark, strong and full, straight or wavy
6	Teeth	large, protruding, tendency to caries	yellowish, tendency to discolouration	white und large
7	Eyes	small, black/brown	green or grey	white, clear, moist
8	Voice/way of speaking	shrill, quick and communicative	middle pitch of voice, likes to discuss, convincing	low pitch of voice, slow, melodious, monotonous
9	Bowel movement	dry, hard defecation, constipation, flatulences, irregular and of small volume	soft, oily, loose defecation, regular excretion	heavy, solid defecation, regular excretion
10	Physical activity	restless, quickly tiresome	offensive and focused	calm and constant
11	Appetite/digestion	unstable	big appetite	little appetite
12	Taste preferences	oily, heavy, warm, sweet, salty, sour	light, cold, sweet, bitter, contracting	dry, light, hot, spicy, aromatic, bitter, contracting
13	Emotional condition	anxious, eager, insecure, unpredictable	offensive, easily excitable, angry, quarrelsome	calm, lovely, obstinate
14	Mental tendencies	questioning, full of ideas, undecisive	judging, strong-willed, obstinate	stable, logical, calm, emotional
15	Sleep pattern	short and restless sleep of 4 - 5 hours	good and a bit restless sleep of 5 - 7 hours	deep, recreative, long sleep, falls asleep easily, approx. 8 hours
16	Dreams	fear, flying, running	fire, emotive subjects	water, calm subjects
17	Sexual drive	frequent	average	periodic, not frequent
18	Memory performance	short-term memory, learns fast / forgets fast	good, but not long-term	learns slowly, good long-term memory

19	Behaviour in terms of financial affairs	spends money quickly and rash		average money saving		saves a lot of money and accumulates prosperity	
20	Pulse	fast with shifts		moderate, with jumps		slow and constant	
21	Heart rate	80 - 100/min.		70 - 80/min.		60 - 70/min.	
22	Reaction in threatening situations	anxious, fearful, retreating		angry, irritable mood, fortified and able to resist		feeling of indifference, apathetic, retreating	

- Please note that alcohol and smoking are strictly forbidden during an ayurveda treatment.
- Full-body treatments are not possible for menstruating women.

Further explanations, in order to understand your body even better

For your questions



Booked rate _____

Have you made any experience with ayurveda yet? yes no

How did you find out about us? _____

I agree to the storage of my dates yes

Signature (upon arrival) _____

Please send back the completed questionnaire to: gesundheitsfragebogen@ayurveda-deutschland.org

To be filled in by the physician:

Serial-No:

Dosha-type

Eye-, tongue- and pulse-diagnosis

Diagnosis

Enquiries and reservations:

Ayurveda-Zentrum Bad Bocklet im Kunzmann's Hotel An der Promenade 6 | 97708 Bad Bocklet

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Further informations: www.ayurveda-deutschland.org willkommen@kunzmanns.de | www.kunzmanns.de info@ayurveda-deutschland.org