

# Health questionnaire

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



AYURVEDA MEDIZIN

Date of arrival in Bad Kissingen \_\_\_\_\_ 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)

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**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

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**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**

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**Details of previous medical examinations (only noticeable findings, please put standard values in brackets)**

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**Diagnosis of your treating physician**

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**Ayurvedic body-type-identification (self-evaluation)**

Please tick as appropriate

| No. | Characteristics              | VATA   | PITHA  | KAPHA   |
|-----|------------------------------|--|--|---|
| 1   | <b>Phenotype</b>             | slim hips and shoulders  | average physique   | wide hips and shoulders                               |
| 2   | <b>Weight</b>                | low  | average  | high  |
| 3   | <b>Endurance/Strength</b>    | low, weak  | adequate   | high, good  |
| 4   | <b>Skin condition</b>        | 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   | <b>Hair</b>                  | dry, dark brown to black and curly   | Fine, light brown, soft, early greying   | oily, dark, strong and full, straight or wavy         |
| 6   | <b>Teeth</b>                 | large, protruding, tendency to caries  | yellowish, tendency to discolouration  | white und large                                       |
| 7   | <b>Eyes</b>                  | small, black/brown   | green or grey  | white, clear, moist                                   |
| 8   | <b>Voice/way of speaking</b> | shrill, quick and communicative  | middle pitch of voice, likes to discuss, convincing                                | low pitch of voice, slow, melodious, monotonous       |
| 9   | <b>Bowel movement</b>        | dry, hard defecation, constipation, flatulences, irregular and of small volume | soft, oily, loose defecation, regular excretion                                    | heavy, solid defecation, regular excretion            |
| 10  | <b>Physical activity</b>     | restless, quickly tiresome   | offensive and focused  | calm and constant                                     |
| 11  | <b>Appetite/digestion</b>    | unstable   | big appetite   | little appetite                                       |
| 12  | <b>Taste preferences</b>     | oily, heavy, warm, sweet, salty, sour  | light, cold, sweet, bitter, contracting  | dry, light, hot, spicy, aromatic, bitter, contracting |
| 13  | <b>Emotional condition</b>   | anxious, eager, insecure, unpredictable  | offensive, easily excitable, angry, quarrelsome                                    | calm, lovely, obstinate                               |

|    |  |   |  |   |  |  |  |
|----|--|---|--|---|--|--|--|
| 14 | <b>Mental tendencies</b>                       | questioning, full of ideas, undecisive        |  | judging, strong-willed, obstinate                   |  | stable, logical, calm, emotional                                   |  |
| 15 | <b>Sleep pattern</b>                           | 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 | <b>Dreams</b>                                  | fear, flying, running                         |  | fire, emotive subjects                              |  | water, calm subjects   |  |
| 17 | <b>Sexual drive</b>                            | frequent                                      |  | average   |  | periodic, not frequent   |  |
| 18 | <b>Memory performance</b>                      | short-term memory, learns fast / forgets fast |  | good, but not long-term                             |  | learns slowly, good long-term memory                               |  |
| 19 | <b>Behaviour in terms of financial affairs</b> | spends money quickly and rash                 |  | average money saving                                |  | saves a lot of money and accumulates prosperity                    |  |
| 20 | <b>Pulse</b>                                   | fast with shifts                              |  | moderate, with jumps                                |  | slow and constant  |  |
| 21 | <b>Heart rate</b>                              | 80 - 100/min.                                 |  | 70 - 80/min.  |  | 60 - 70/min.   |  |
| 22 | <b>Reaction in threatening situations</b>      | 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**

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**For your questions**

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I agree to the storage of my dates



yes

Signature (upon arrival) \_\_\_\_\_

Please send back the completed questionnaire to: [gesundheitsfragebogen@ayurveda-deutschland.org](mailto:gesundheitsfragebogen@ayurveda-deutschland.org)



Booked rate \_\_\_\_\_

Have you made any experience with ayurveda yet?



yes no

How did you find out about us? \_\_\_\_\_

To be filled in by the physician:

Serial-No:

Dosha-type

Eye-, tongue- and pulse-diagnosis



Diagnosis

Enquiries and reservations:

Ayurveda centre Germany at Hotel Fontana Marbachweg 2 | 97688 Bad Kissingen

Tel. +49 971 8049 620

Further information: [www.ayurveda-deutschland.org](http://www.ayurveda-deutschland.org) [reservation@hotelfontana.de](mailto:reservation@hotelfontana.de) | [www.hotelfontana.de](http://www.hotelfontana.de) [anmeldung@ayurveda-deutschland.org](mailto:anmeldung@ayurveda-deutschland.org)