**VISIT 1**

**DEMOGRAPHICS:**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Phone # (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Office)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (E-Mail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_

 M M D D Y Y Y

**Gender:** q Female q Male

 **Race:**

q White

q Black

q Hispanic

q American Indian or Alaska Native

q Native Hawaiian or other Pacific Islander

q Asian

q Other

If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

 **System (Strotas) Describe the Abnormality**

 Ears, nose and throat ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Oral cavity ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Ophthalmic ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Respiratory ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Cardiovascular ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Gastrointestinal ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Hepatic ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Renal ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Neurological ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Endocrine ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Musculoskeletal ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Skin ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Psychiatric ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Allergies ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Other ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Social History:** Smoking, drinking, drugs, caffeine

 **Prakirti:**

q Vataja

q Pittaja

q Kaphaja

q Vatta-Pittaja

q Vatta-Kaphaja

q Pitta-Kaphaja

q Vatta-Pitta-Kaphaja

# Presenting issues/objectives from the consult:

Assessment of:

Appetite/Digestion/Assimilation/Elimination

Sleep – falling and staying asleep

Stress/Anxiety levels

Energy levels

Health history:

* Major issues in the past
* History of current issues with dates

Allergies:

**Current medications/ Supplements:**

# Conclusion

# Dosha Involved

# Dhatu Involved

State of Agni

Mental Dosha

# Dietary recommendations

# Life Style recommendations

# Follow Up Appointment

**Nadi pariksha:**

Dosha assessment

Agni pariksha:

Jihwa pariksha:

Netra, nakh,

 **Dosha assessment:** (Level of Doshas)

 Dosha, elevated from normal:

 q Vataja

q Pittaja

q Kaphaja

q Vatta-Pittaja

q Vatta-Kaphaja

q Pitta-Kaphaja

q Vatta-Pitta-Kaphaja

Dosha, decreased from normal:

 q Vataja

q Pittaja

q Kaphaja

q Vatta-Pittaja

q Vatta-Kaphaja

q Pitta-Kaphaja

q Vatta-Pitta-Kaphaja

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

NOTE: Please ADD HERE….other Ayurvedic Diagnostic criteria: (e.g., Dashwidha pariksha, Ashtawidha pariksha, Rog pariksha [Nidan, poorav roop, roop etc.])

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**MEDICATION HISTORY**

**YES NO**

Patient taking any medications prior to Visit 1? q q

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Medication | Dose | Frequency | Route |  Start Date | Stop Date | Indication |
| 1.  |   |   |   |   |   |   |
| 2.  |   |   |   |   |   |   |
| 3.  |   |   |   |   |   |   |
| 4.  |   |   |   |   |   |   |
| 5.  |   |   |   |   |   |   |
| 6.  |   |   |   |   |   |   |
| 7.  |   |   |   |   |   |   |
| 8.  |   |   |   |   |   |   |
| 9. |   |   |   |   |   |   |
| 10. |   |   |   |   |   |   |
| 11. |   |   |   |   |   |   |
| 12. |   |   |   |   |   |   |

 **Pain** (if disease involves pain e.g., OA of knee, Rheumatoid arthritis, body aches, fatigue, migraine etc.)

**Level of pain at Visit 1**

On the scale of 1-10, please specify the level of pain on the first visit.

0 = no pain and 10 is maximum pain

**0 1 2 3 4 5 6 7 8 9 10**

 \*Circle the number.

**Other diseases** (For all other those don’t involve pain, severity of disease, e.g., depression, insomnia,

constipation, acidity, loss of vigor and vitality etc.)

**Level of disease (discomfort) at Visit 1**

On the scale of 1-10, please specify the level of pain on the first visit.

0 = no disease (discomfort) and 10 is maximum disease (discomfort)

**0 1 2 3 4 5 6 7 8 9 10**

 \*Circle the number.

 **Treatment:**

 **Pancha-karma** (body purification) Yes q No q

q Snehana

q Swedana

q Vamana

q Virechana

q Vasti

q Shirodhara

q Ratka-maokshana

**Ahar/Vihar instructions:**

- **:**

- **:**

- **:**

- **:**

- **:**

- **:**

- **:**

- **:**

- **:**

- **:**

**Medicines:**

- **:**

- **:**

- **:**

- **:**

- **:**

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- **:**

- **:**

- **:**