



Ayurvedic Wellness Consultations

with Kim Beekman



Name: _____ Birthdate: _____ Age: _____

Home #: _____ Mobile #: _____ Email: _____

Marital status: Married / Divorced / Single Kids (ages): _____

Reason for visit: _____

How happy are you in your relationships? (1=unhappy, 5=very happy) 1 2 3 4 5

How happy are you with your job? (1=unhappy, 5=very happy) 1 2 3 4 5

Rate current stress level (1=low, 5=extreme) 1 2 3 4 5

Causes of stress: _____

Sleep times: _____ Sleep Quality (1=terrible, 5=great) 1 2 3 4 5

Meals: (list typical times and foods)

Morning: _____

Afternoon: _____

Evening: _____

Beverages (types and amounts): _____

what do you do to take care of yourself physically and emotionally? _____

What are your spiritual/religious beliefs and practices? _____

Please note that this Ayurvedic Lifestyle Consultation is based on the traditional healing system of India, which allows for a set of recommendations that are unique to each individual person. The goal is to create energetic balance within your body through daily life to allow your body to heal itself.

This consultation is not, in any way, a replacement for advice or recommendations from your medical doctor (MD). It is not recommended to go off any medications nor veer from medical advice received. If you are currently experiencing symptoms, please see your Medical Doctor.

Please sign below to agree to the consultation:

Signature _____ Date _____

Digestive Symptoms

Abdominal pain
Bloating
Excessive gas
Belching

Nausea
Foul smelling gas
Burning digestion

Heavy after eating
Reflux/Repeating
Vomiting
Other_____

Elimination Symptoms

Constipation (<1 bm/day)
Rectal pain
Hard/dark stool

Diarrhea
Bloody stool
Colored/loose stool

Food particles in stool
Mucus/pale stool
Other_____

Emotion / Mind Symptoms

Worry
Anxiety / Fear
Overwhelmed
Spaceyness
Forgetful

Self-destructive
Irritable / Anger
Resentment
Jealousy
Critical of self or others
Intense / Controlling

Lethargy
Sadness
Depression
Greedy / Hoarding
Resist change
Other_____

Additional

Insomnia
Dizzy/vertigo
Back/Joint pain
Moving pain
Nerves/Brain

Infections
Inflammation/ burning
Skin rash/acne
Migraines
Eyes/Liver/Gallbladder

Head/chest Congestion
Excess Mucous
Fluid retention
Brain/Joint swelling

Other Symptoms or Diagnosis:

Wellness Goals:
