



Ayurtrita Wellness

Health Intake Form

1. Client Information	3. To be filled by Practitioner
Date : _____	BP : _____
Name : _____	Temp : _____
Age : _____	Height/Weight : _____
Dob : _____	Appetite: _____
Address : _____	Tongue : _____
City : _____	Urine : _____
State : _____ Zip Code : _____	Bowel : _____
Contact No : _____	Skin : _____
E-mail : _____	Sleep : _____
Marital Status : _____	PRAKRUTHI V P K
2. Medical History	To be Filled by Female clients only:
Present Complaints : _____	Age of Onset of Menses: _____
_____	_____
_____	Date of LMP: _____
Family History : _____	Length of Cycle: Regular / Irregular
_____	Flow: Heavy/Medium/Light
	Clots: Yes/No



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Health Intake Form

Past History : _____

Allergies : _____

Surgeries : _____

Current Medication : _____

Wellness Plan Suggested:

PMS Symptoms: _____

Other Symptoms During Cycle: _____

Menopausal Symptoms: _____

Urinary Tract Infection (UTI): _____

Objectives:

Ayurvedic Practitioners do not diagnose or treat a medical condition. If you are seeking treatment for a medical condition, we recommend you see a medical doctor.

What are the main objectives you hope to achieve through today's visit?