|  |  |
| --- | --- |
| **HI AYS Graduate Name:** |  |
| **Three Questions you would like to focus on for our case review**  |  |
|  |
|  |
| **Client Initials:** |  | **Gender:** |  |
| **VPK Time of Birth:** |  | **Age:** |  |
| **VPK Season of Birth:**  |  | **Assessment month:** |  |
| **VPK Location:***(If Pertinent)* |  | **Assessment / current location:** |  |
| **Prakruti: V P K** *(briefly why)* |  |
| **Vikruti: V P K** *(briefly why using gunas)* |  |
| **Manas Pakruti Issues or Concerns?** |  |
| **Client’s Reason(s) for Seeking Consultation***(briefly why, ideally using clients words)* | 1.

*Why:*  |
| 1.

*Why:*  |
| 1.

*Why:*  |
| **Major medical concerns? Pregnancy?** | .  |

**LIFESTYLE ACCORDING TO AYURVEDIC CLOCK:**

|  |  |
| --- | --- |
| **Diet:**  |  |
| **Six Tastes?**  |  |
| **Three Meals a Day?**  | Yes / No |
| **Breakfast:**  |
| **Lunch:** |
| **Dinner:**  |
| **Snacks:**  |
| **Alcohol, caffeine:** |
| **Cravings?**  |  |
| **Sleep:**  |  |
| **Bedtime:**  |  | **Wake time:** |  |
| **Quality:**  |  | **Quantity:** |  |
| **Digestion:**  |  |
| **Agni:**  |  |
| **Evacuation:**  |  |
| **Ama:** |  |
| **Practice:**  |  |
| **Dinacharya:**  |  |
| **Yoga/Pranayama:**  |  |
| **Meditation:** |  |

|  |  |
| --- | --- |
| **Other info you feel would be important we are aware of for case review:** | *

*Recommendations she was willing to try:* *

*Recommendations unwilling to try:**
 |
| **Occupation? Student? Unemployed? Full-Time Parent?**  |  |
| **Relationship: Married, Divorced, Single**  |  |
| **Children:****(Ages):**  |  |
| **Other Social/Emotional Information:** |  |

**Ayurveda Health Counselor information:**

|  |  |  |
| --- | --- | --- |
| **Dhatu** | **In what state****(kshaya, vruddhi)** | **Symptoms** |
|  |  |  |
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| --- | --- | --- |
| **Srota** | **In what state****(dushti)** | **Symptoms** |
|  |  |  |
|  |  |  |
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|  |  |
| --- | --- |
| **Nidan (cause of disease)** |  |
| **Purvaroopa (warning signs)** |  |
| **Roopa (cardinal signs of disease)** |  |
| **Upashaya (what makes worse or better)** |  |
| **Samprapti (disease)** |  |

**Please complete this form and email it to kathryn@kathryntempleton.com with COMPLETED AAYS FORM in the subject line.**