|  |  |  |  |
| --- | --- | --- | --- |
| **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)* | *Why:* | | |
| *Why:* | | |
| *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.**