



Himalayan Institute Advanced AYS Case Review Form

HI AYS GRADUATE'S NAME _____

Three Questions you would like to focus on for our case review

- 1.
- 2.
- 3.

CLIENT INITIALS _____

Gender:

Age:

VPK Season of Birth:

VPK Time of Birth:

VPK Location (If Pertinent):

Pakruti: V P K

Vikruti: V P K

Manas Pakruti Issues or Concerns?

Client's Reason(s) for Seeking Consultation

- 1.
- 2.
- 3.

Major medical concerns? Pregnancy?

Himalayan Institute Advanced AYS Case Review Form

LIFESTYLE ACCORDING TO AYURVEDIC CLOCK:

Diet:

Six Tastes?

Three Meals a Day?

Cravings?

Sleep:

Bedtime/Wake time?

Quality?

Quantity?

Digestion:

Evacuation Regular?

Ama?

Practice:

Dinacharya?

Yoga/Pranayama:

Meditation:

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

Occupation? Student? Unemployed? Full-Time Parent?

Relationship: Married Divorced Single

Children (Ages?):

Other Social/Emotional Information:

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