

SOUND SHORE AYURVEDA

Client Registration Form:

Name:

Address:

Date:

Cellular Phone:

Does this phone accept text messages?:

Yes No

Email Address:

How did you first hear about Sound Shore Ayurveda?

Age:

Date of Birth:

Place of Birth:

Gender: Male Female Transgender/Other

Height:

Weight:

Occupation:

Are You Pregnant?:

Yes No

If Yes, What Trimester?:

Family Medical History:

Personal Medical History:

Current Symptoms:

How Long Have You Been Experiencing These Symptoms?:

Sleep:

Do Experience Difficulty Falling Asleep?

Yes No

Do You Suffer From Sleep Continuity Disturbance?

Yes No

(Waking Throughout The Night)

Are You Alert Or Tired Upon Waking In The Morning?

Alert Tired

Are You Tired Or Drowsy In The Daytime?

Yes No

Habits:

Alcohol: Type And Amount _____

Smoking: Type And Amount _____

Salt Intake: Light Moderate Heavy

Fat Intake: Light Moderate Heavy

Caffeine Intake: Light Moderate Heavy

Are You Taking Any Herbal Supplements? Yes No If Yes, What Are You Taking? _____

Are You Taking Any Herbal Supplements? Yes No If Yes, What Are You Taking? _____

Describe Your Exercise Routine:

Are You Willing To Take Herbal Supplements If Recommended

By The Ayurvedic Practitioner After The Consultation?

Yes No

CANCELLATION POLICY: FULL PAYMENT IS DUE IF YOU CANCEL YOUR SESSION WITHIN 24 HOURS OF YOUR APPOINTMENT.

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WWW.SOUNDSHOREAYURVEDA.COM

SOUND SHORE AYURVEDA

Dear Client,

Many of our existing clients have commented how happy they were that when they come to us for an appointment, we don't keep them waiting as is the case in so many professional offices these days.

As a matter of policy, we don't overlap our clients appointments in order to maximize profits at the expense of your time. This allows us to focus solely upon you when you arrive. Most clients don't have the opportunity to even sit in our waiting room, for as they arrive they are immediately greeted and the session begins.

You can help us to maintain this high standard we have set by arriving at your appointment at the designated time. Please do what you can to respect the process we have set in place. When a client arrives late it potentially cuts into the time which you have purchased with the Practitioner.

We really appreciate your business and consider your time, and your well-being our highest priority.

Thank You.

Sound Shore Ayurveda

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Doshic Balance Worksheet

Answering this questionnaire will help to identify your basic doshic constitution, (Prakruthi). Use this as a rough guide, a more precise Ayurvedic Consultation is necessary to fully understand your doshic constitution and imbalances, and how to re-establish balance. For each item below, choose the options which is most applicable to you. It is better to take the test without and prejudice as to what your balance may be. Answer honestly. It often helps to take the test with a person who knows you well. To schedule your consultation in one of our NY locations call Sound Shore Ayurveda at (917) 701-1202.

Describe Yourself	Option 1	Option 2	Option 3
Body Type	Thin, tall or short	Medium height and build	Heavy, broad, fleshy or plump
Childhood	Were thin as a child	Had a medium build as a child	Plump or chubby as a child
Body Temperature	Low, with cold extremities	High, feels warm most of the time	Low, body generally feels cool
Skin	Dark, dry coarse or cracked, suntans easily	Soft, delicate, sensitive, with freckles and moles	Soft, smooth, and oily or glowing
Appetite, Eating Habits	Irregular appetite, (varies between weak and strong), gets weak upon fasting, eats often	Intense appetite, cannot stand fasting	Consistent appetite, can easily skip meals, needs less food and drinks
Food Quantity	Varies	Likes large meals	Likes smaller meals
Consumption	Eats quickly	Eats moderately quickly	Eats slowly
Elimination (Urine & Feces)	Tends to be gaseous, constipated with hard, dry stool	Bowel movement two or more times per day with soft stool	Mostly regular, with well-formed stools, can get sluggish
Perspiration	Slight	Profuse with strong odor	Moderate
Physical Activity	Quick, short, light or erratic	Medium paced	Slow and steady, sedentary
Mental Activity (and Emotions)	Gets emotional quickly, enthusiastic, easily anxious or nervous	Gets irritated and angry easily	Stays calm, slow to anger
Routine	Restless, or very active, dislikes routines or patterns	Competitive, likes planning and organization	Calm, likes leisure activity. Works well within a routine
Sleep	Light, easily interrupted sleep, usually only 5-6 hours/night. Takes a long time to get to sleep	Sleeps little but soundly, usually only 6-8 hours. takes a short time to get to sleep	Deep and prolonged, usually 8 hours or more. Gets to sleep quickly
Resistance	Gets sick often	Gets sick on occasion	Rarely gets sick
Stamina	Tires quickly	Moderate stamina, unable to withstand high strain	Strong, can withstand strain easily, usually a hard worker

Now add the number of responses from each of the columns, (Options 1, 2 or 3). Option 1 is the column for Vata characteristics, option 2 represents the Pitta column, and option 3 is the Kapha characteristic column. Once you have totaled each of the columns you will see which is your dominant dosha, then your secondary and finally your tertiary. Please remember that we are all comprised of a combination of each of the three doshas, in different combinations, so all three of the doshas will be present in each of us.