

HEALTH INFORMATION CHART

If possible please fill in this chart at the computer, save it by using your name and send it before arrival to ayurveda@hotelfontana.de

SEIT



1938

MADUKKAKUZHY

AYURVEDA ZENTRUM BAD KISSINGEN

Arrival at _____ Departure at _____

Surname

Name

Street

Nr.

Post Code / Town

E-Mail

Phone / Mobile

Age

Date of birth

Health insurance private statutory

Weight

Height

Structure slim medium thick

Do you practice spirituality in your life?

Present complaints (Please mention in the order of severity and duration)

- _____
- _____
- _____

Treatment history of the current diseases (e.g., surgery, certain therapies)

Traumatic experiences during childhood or puberty, accidents, surgeries

Past medical history

Hyper tension, Diabetes, Jaundice, Piles, Fistula, Ulcer, Anemia, others if any

Present medications Please note each medicine you take with the duration

Medicine

Months/Years

Family history of diseases

Description of similar diseases or symptoms in the family, if any

Personal Quickcheck

Appetite	
Bowel	
Micturation	
Sleep	
Menstruation (Cycle / Flow / Associated with pregnancy and delivery / Problems, if any)	
Family status	
Stress level	
Do you follow any diet?	
Food	<input type="radio"/> vegetarian <input type="radio"/> non-vegetarian
What and when do you have for breakfast?	
What and when do you have for lunch?	
What and when do you have for dinner?	
Allergic to and incompatible with	
Are there any addictions (Smoking, Alcohol, Medicaments)	
Which profession/job are you actually practicing?	

Date and result of your last medical examinations

Details of investigations done so far (Only abnormal values with normal values in the bracket)

Diagnosis of the condition by your doctor

Ayurvedic disposition of your body-type (Self assessment)

Please mark according characteristics

	Charakteristic	VATHA	PITHA	KAPHA
1	Body built	Narrow hips and shoulders	Moderate built	Broad hips & shoulders
2	Body weight	Low	Medium	Heavy
3	Endurance/strength	Low, poor	Fair	High, good
4	Skin condition	Dry, dark, rough, cold and wrinkled	Soft, fair, oily, delicate with pink to red moles & pigmentation	Oily, white, pale, moist & smooth
5	Hair	Dry, dark brown to black in color and curly	Fine light brown, soft associated with pre-mature graying	Oily, thick, dense, dark straight or wavy
6	Teeth	Large, protruding, crooked (more cavities)	Yellowish, moderate (More discolored).	White & large.
7	Eyes	Small, black or brown	Green or grey	White, clear, moist
8	Voice/Speech	High pitched & fast	Medium - pitched, sharp	Low pitched, melodious, monotonous
9	Bowel movements	Dry, hard stools, constipated, irregular & less in quantity.	Soft, oily, loose stools, regular evacuation	Heavy solid stools, regular evacuation
10	Physical Activity	Restless, gets tired quickly	Aggressive focused	Calm & steady
11	Appetite/Digestion	Erratic	Sharp hunger	Mild hunger
12	Taste Preferences	Oily, heavy, warm sweet, salt, sour taste	Light, cold, sweet, bitter astringent	Dry, light, hot, spicy, pungent, bitter, astringent
13	Emotional state	Fearful, anxious, insecure, unpredictable	Aggressive, irritable, angry, quarrelling	Calm, agreeable, stubborn
14	Mental tendencies	Questions, postulate	Judgmental, artistic	Stable, logical
15	Sleep pattern	Short, disturbed sleep, lasting for 4 to 5 hours	Sound, medium, disturbed, lasting for 5 to 7 hours	Deep, resful, prolonged, easy to fall asleep, lasting for 8 hours
16	Dreams while asleep	Fear, flying, running	Fire, emotional	Of water (being near to water areas)
17	Sex urge	Frequent	Moderate	Cyclical, infrequent
18	Memory	Short term	Good but not prolonged	Long term
19	Financial behavior	Spends quickly & unwisely	Moderately saves & accumulates	Saves a lot and accumulates
20	Quality of pulse	Fast with shifts	Moderate, jumping	Slow & steady
21	Pulse rate	80-100 beats per minute	70-80 beats per minute	60-70 beats per minute
22	Response when threatened	Fearful, anxious, withdraws	Angry, irritable, fights	Indifferent, withdraws

■ Please note: Using of alcohol and smoking during the Ayurvedic treatment is strictly prohibited!

■ Women who are menstruating are restricted from treatments during the bleeding phase.

Some more specifications to make us know better about your body

For your questions

Package booked _____

Did you already experience some ayurvedic treatments? yes no

Who / what did advert you to our Ayurveda Center _____

I agree to the saving of my personal data yes no (please mark and affirm with your signature)

> Signature _____

Please send the completed health information befor arrival to: **ayurveda@hotelfontana.de**

Filled in by the ayurvedic specialist:

No

Dosha-Type

Eye, tongue and pulse diagnostics

Diagnosis



MADUKKAKUZHY
AYURVEDA ZENTRUM BAD KISSINGEN



Hotel Fontana und Ayurveda Zentrum Bad Kissingen
Marbachweg 2 · 97688 Bad Kissingen · Tel. 0971 8049-0
ayurveda@hotelfontana.de · www.ayurvedadeutschland.de · www.hotelfontana.de