Conscious LifeStyle and Wellness

P.O. Box 1189
Santa Monica, Ca. 90406
Phone: 530-559-2873
E-Mail: Carolpprentice@gmail.com
Website: www.carolpprentice.com

AYURVEDIC CONSULTATION INTAKE FORMS

Please fill out forms in black ink. Write neat.

Name					
Address					
Telephone					
Home		**Cell**		**Work**	
Email:		**Birthdate**		**Age:**	
Marital partner/status		**# of children**		**Ages**	
Emergency contact name and number					
Occupation					
How did you hear about Conscious LifeStyle & Wellness?					
Please tell me why you have chosen to have an Ayurvedic consultation.					

WHAT YOU CAN EXPECT FROM YOUR AYURVEDIC HEALTH CARE

Ayurveda is a natural healing system that has been successfully practiced for thousands of years. Originating in ancient India, this medical tradition states that each person's path toward optimal health is unique because each person is unique. The healing programs offered are based on effective, time-honored principles that focus on understanding your particular body-mind constitution and the unique nature of your imbalance. In Ayurveda, each individualized program formulated by the practitioner may include lifestyle adjustments, dietary changes, herbs, color therapy, sound therapy, aromatherapy, massage therapy, and other natural therapeutics. In order to successfully implement these Ayurvedic principles into your life, frequent regular follow-up visits are recommended over a six to twelve-month period.

The goal of all Ayurvedic programs is to create within your body and mind an optimum environment for healing to take place and to maximize your body's ability to heal itself.

Patient's Signature: _____ Date: _____

INFORMED CONSENT

To authorize complimentary or alternative health care through

Conscious LifeStyle and Wellness

All patients who participate in Ayurvedic Health Care through Conscious LifeStyle and Wellness should be advised of the following information:

1. Conscious LifeStyle and Wellness is not a medical practice.

2. Practitioners of Conscious LifeStyle and Wellness are not trained in Western Medicine diagnosis or treatment and may not make suggestions about altering your medical care.

3. In the State of California, Ayurveda is a non-licensed profession. Its practice was formally legalized under the passage of Senate Bill 577 in January 2003.

4. If you are suffering from a disease or symptom that has not been evaluated by a Medical Doctor or another licensed health care professional, Conscious LifeStyle and Wellness recommends that you receive a proper evaluation and may provide you with a referral form. If you are provided with a referral form, you are required to go or to sign an acknowledgment that one was recommended to you.

5. No one at Conscious LifeStyle and Wellness may recommend altering your prescription with the approval of your medical doctor. It may be suggested that you speak with your doctor about reducing medication when appropriate.

6. While your practitioner may take your blood pressure and vital signs, and perform some examination techniques similar to a routine medical examination, your practitioner is evaluating these findings from an Ayurvedic perspective only and not from a Western medical perspective. This examination does not take the place of a medical evaluation. If, as a result of the examination, any findings suggestive of a possible medical imbalance are found, your practitioner will refer you to a medical doctor for further examination.

7. Carol P. Prentice, founder and practitioner at Conscious LifeStyle and Wellness, is certified as a Clinical Ayurvedic Specialist trained at California College of Ayurveda. California College of Ayurveda operates with the approval of the state of California, and exceeds the educational guidelines of the National Ayurvedic Medical Association (NAMA) and the California Association of Ayurvedic Medicine (CAAM). She is also a Certified Pancha Karma Specialist, Certified Yoga Teacher, Certified Alexander Technique Teacher.

Acknowledgement and Consent to Receive Services:
I have read and understand the above disclosure about the Ayurvedic treatment offered by Conscious LifeStyle and Wellness. I have discussed with my practitioner at Conscious LifeStyle and Wellness the nature of the services to be provided. I understand that my practitioner at Conscious LifeStyle and Wellness is not a licensed physician and that Ayurvedic services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Conscious LifeStyle and Wellness, and agree to be personally responsible for the fees of Conscious LifeStyle and Wellness in connection with the services provided to me.

Patient's Signature: _____ Date: _____

CONFIDENTIAL PATIENT HISTORY
Conscious LifeStyle and Wellness

FINANCIAL POLICY AGREEMENT

1. There is a $165 charge for each Initial Consultation. There is a $90 charge for each Follow-up Visit.
2. Your customized program often includes one or more herbal formulas specifically designed for you. There is an additional cost for herbal preparation and shipping.
3. Payment for consultations, herbs, and body therapies may be made by cash, check or credit card. Payment for services is to be received upon completion of rendered services. Conscious LifeStyle and Wellness does not provide monthly billing services.
4. The Package of 4 Follow-up Visits are non-refundable once the patient has completed the first Follow-up Visit in the package. These packages expire 6 months from the date of purchase.
5. Conscious LifeStyle and Wellness does not bill insurance companies for services or herbs.
6. Conscious LifeStyle and Wellness adheres to a 24-hours cancellation policy. Out of respect for your Ayurvedic practitioner and other patients, please be sure to cancel or reschedule at least 24 hours in advance. If you miss an appointment, reschedule or cancel within 24 hours you will be charged 50% of the consultation fee.
7. I have read and understood the financial policies of Conscious LifeStyle and Wellness.

Patient's Signature: _____ Date: _____

1.) PAST MEDICAL HISTORY

a. Serious Illness

b. Hospitalizations

c. Operations

d. List other past pertinent conditions

e. Have you been under the care of a licensed health care professional in the past year? If so, for what reason?

f. Have you had any cosmetic surgery or procedure performed? If so, please list with dates.

2.) FAMILY HISTORY	
Indicate what members of your immediate family have these conditions after those checked.	
☐ High Blood Pressure _____	☐ Mental Disorder _____
☐ Cancer _____	☐ Diabetes _____
☐ Stroke _____	☐ Other _____
☐ Heart Disease _____	_____

3) ALCOHOL, TOBACCO, AND SUBSTANCE USE	Practitioner Notes
a. Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, how often: ☐ Daily ☐ Several times weekly ☐ Several times monthly ☐ Seldom I usually choose: ☐ Beer ☐ Wine ☐ Sweet or hard liquor	
b. Have you ever smoked tobacco? ☐ Yes ☐ No If yes, how much per day? If you have quit smoking, when did you quit? _____	
c. Any current or past use of addictive or habitual substances? ☐ Yes ☐ No *(Note: This will be kept confidential.)* Please list all substances (either current or past) long-term use:	

4) REGULAR PRACTICES			
☐ Exercise/Hatha Yoga *(specify):*	☐ None/Never	☐ Occasional ☐ Daily	☐ Several times/wk ☐ Several times/mo
☐ Team sports/recreation (*specify):*	☐ None/Never	☐ Occasional ☐ Daily	☐ Several times/wk ☐ Several times/mo
☐ Travel *(include commute, if applicable):*	☐ None/Never	☐ Occasional ☐ Daily	☐ Several times/wk ☐ Several times/mo
☐ Spiritual practices *(specify):*	☐ None/Never	☐ Occasional ☐ Daily	☐ Several times/wk ☐ Several times/mo
☐ Meditation/prayer/pranayam *(specify):*	☐ None/Never	☐ Occasional ☐ Daily	☐ Several times/wk ☐ Several times/mo
☐ Other *(include creative activities):*	☐ None/Never	☐ Occasional ☐ Daily	☐ Several times/wk ☐ Several times/mo

5) RELATIONSHIP
a. Please indicate how nourished you feel in your relationship, on a scale of 1 thru 10. If you are currently not in a relationship with a partner, please indicate how nourished your feel by your closest relationships of family and/or friends ("1" being least nourished, "10" being most nourished):
b. How often do you engage in sexual activity (include sex with partner and masturbation): ☐ Daily ☐ Several times per week ☐ Several times per month ☐ Occasionally ☐ Not at all
c. Is your current sexual activity satisfactory? ☐ Yes ☐ No

6) FOOD CHOICES
What kind of foods do you eat on a regular basis?
a. Breakfast:
b. Lunch:
c. Dinner:
d. Snacks:

7) LIQUID INTAKE (indicate # of 8 oz cups per day)		
☐ Caffeinated Coffee/Tea:	☐ Herbal Tea or Juice:	☐ Plain water:
☐ Decaf Coffee/Tea:	☐ Soda:	☐ Cow or goat milk:
		☐ Grain/nut/soy milk:

8) HABITUAL EATING PATTERNS
Describe any current or past eating patterns or any other food related issues:

9) DAILY SCHEDULE (include approximate times)				
What are your habitual activities from the time you wake up until you go to sleep? Include mealtimes, sleeping, exercise, work, and any activities that occur on a regular basis.				
		Time	**Habitual Activities**	**Practitioner Notes**
Morning	Awaken			
	Mealtime			
	Activities			
Afternoon	Mealtime			
	Activities			
Evening	Mealtime			
	Activities			
	Bedtime			

10) ALLERGIES OR SENSITIVITIES
Do you have allergic reactions to any substances (include food, pollen, medications)? If yes, please list.

11) AYURVEDIC HISTORY				
For each category please identify your tendency over time by placing an "X" in the box that is most appropriate for you.				
Category				**Practitioner Use Only**
Appetite	☐ My hunger level is variable, and I often forget to eat.	☐ I have a strong appetite and don't like to miss meals.	☐ I like to eat, but I can go without eating with no discomfort.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Appetite	☐ If I miss a meal I often get anxious, cranky, or light-headed.	☐ If I miss a meal, I often get irritable or angry	☐ If I miss a meal it doesn't really bother me.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Appetite	☐ I prefer to eat frequently with no set schedule, but I often forget to eat.	☐ I prefer to eat 3 meals a day at about the same time. I rarely skip meals.	☐ I prefer to eat 2 to 3 times per day but can go without eating.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Digestion	☐ After eating, I often experience gas or bloating.	☐ After eating I often experience heartburn or acidity.	☐ After eating I often feel heavy or sleepy.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Elimination	☐ I tend to have irregular bowel movements one time per day or less.	☐ I tend to have 1 to 2 bowel movements daily, usually with regularity and ease.	☐ I tend to have 1 bowel movement daily with no straining or difficulty.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Elimination	☐ My bowel movements are often dry and hard. At times I may strain or push.	☐ My bowel movements are usually well formed, but sometimes they are loose and may burn.	☐ My bowel movements are usually well-formed, slow, easy and large.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	

PRACTITIONER USE ONLY	V Prakruti:	P Prakruti:	K Prakruti:
	V Vikruti:	P Vikruti:	K Vikruti:

Weight	☐ I usually don't gain weight very easily.	☐ When I gain weight, I usually lose it.	☐ I gain weight easily and lose it slowly.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Body Temperature	☐ My hands and feet often feel cold, and I prefer warmer climates.	☐ I am warm most of the time no matter what the climate it.	☐ I adapt easily to most conditions, but tend to feel cool.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Skin	☐ My skin tends to be dry, and it tends to feel rough.	☐ My skin flushes easily and has a reddish or yellowish shade.	☐ My skin is thick, smooth and often feels damp or oily.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Sleep	☐ I tend to sleep lightly and awaken very easily. It can be difficult for me to go to sleep.	☐ I tend to sleep soundly and awaken with ease.	☐ My sleep tends to be deep and long. It can be difficult for me to awaken in the morning.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	

Mental and Emotional Patterns				
Stress	☐ Under stress I often become worried or overwhelmed.	☐ Under stress I often become irritable but usually rise to the challenge.	☐ Under stress I often withdraw to observe or become reclusive.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Decision Making	☐ I am changeable and often have difficult making decisions.	☐ I make decisions easily but can change my mind with new information.	☐ I am careful but easy going about decisions.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Projects	☐ I like to start projects but at times have difficulty finishing them.	☐ I like to start and finish projects. Completion is important to me.	☐ I like working on a project but prefer to let other people start them.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Personality	☐ When I am balanced I feel creative, enthusiastic, and vivacious.	☐ When I am balanced I feel perceptive, disciplined, and logical.	☐ When I am balanced I feel nurturing, calm and devotional.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	

PRACTITIONER USE ONLY	V Prakruti:	P Prakruti:	K Prakruti:
	V Vikruti:	P Vikruti:	K Vikruti:

For Women Only				
Is it possible that you might be pregnant? ☐Yes ☐ No ☐ Possible **Are you menopausal?** ☐ Yes ☐ No If yes, date of last period: ***If menopausal, please answer below according to your past menstrual patterns.***			I experience PMS: ☐ Often ☐ Sometimes ☐ Not at all ☐ Cramps ☐ Headaches ☐ Irritability ☐ Breast tenderness ☐ Bloating ☐ Weight gain	
Menstrual Cycle	☐ My menstrual cycle is irregular. It comes every ____ days and lasts ____ days.	☐ My menstrual cycle is regular. It comes every ____ days and lasts ____ days.		
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Menstrual Flow	☐ My menstrual flow is often light, but may vary.	☐ My menstrual flow is medium heavy, and is usually consistent.	☐ My menstrual flow is heavy and is very consistent.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	
Menstrual Discomfort	☐ I have severe cramping pain during menses.	☐ At times I have mild pain during menses.	☐ I rarely have pain during menses.	
	Practitioner use only V ☐ P ☐	*Practitioner use only* V ☐ P ☐	*Practitioner use only* V ☐ P ☐	

PRACTITIONER USE ONLY	V Prakruti:	P Prakruti:	K Prakruti:
	V Vikruti:	P Vikruti:	K Vikruti:

(When complete, please continue on to next page.)