

<p>Name-</p> <p>Date of Birth-</p> <p>Age –</p> <p>Profession – (Since when)</p> <p>Relationship status –</p> <p>Child/children (with their ages)-</p>	<p>Phone number- (in order of availability)</p> <p>email-</p> <p>Address-</p> <p>GP name and address-</p>
<p>Present concerns-</p>	<p>Medications-</p> <p>Supplements-</p> <p>Therapies / Treatments-</p> <p>Exercise-</p> <p>Drinking-</p> <p>Smoking-</p> <p>Other social habits-</p>
<p>Past Medical History –</p> <p>Immunizations-</p>	<p>Family History-</p> <p>Major Illnesses in family-</p>

<p>Diet- Typical day with times of meals-</p> <p>Breakfast</p> <p>Lunch</p> <p>Dinner</p>	<p>Snacks-</p> <p>Tea</p> <p>Coffee</p> <p>Water</p> <p>Juice</p>																																			
<p>Digestion-</p> <p>Passing urine-</p> <p>Passing stools-</p>	<p>Sleep-</p> <p>Times-</p> <p>Describe your sleeping habits-</p>																																			
<p>Menstruation-</p> <p>Last Menstruation Date (LMP)-</p> <p>Number of days of bleeding-</p> <p>Colour of bleeding / clots-</p>	<p>Contraception-</p>																																			
<p>(To be filled at the time of consultation)</p> <p>Pulse assessment</p>																																				
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;"></th> <th colspan="3">Right hand</th> <th colspan="3">Left hand</th> </tr> </thead> <tbody> <tr> <td>Vikruti</td> <td>V K p v</td> <td>P K p v</td> <td>K K p v</td> <td>K K p v</td> <td>P K p v</td> <td>V K p v</td> </tr> <tr> <td>Prakruti</td> <td>V K p v</td> <td>P K p v</td> <td>K K p v</td> <td>K K p v</td> <td>P K p v</td> <td>V K p v</td> </tr> <tr> <td>Organ Pulse Superficial</td> <td>Colon</td> <td>GB</td> <td>Pericardium</td> <td>Bladder</td> <td>Stomach</td> <td>Small intestine</td> </tr> <tr> <td>Organ Pulse Deep</td> <td>Lungs</td> <td>Liver</td> <td>Circulation</td> <td>Kidney</td> <td>Spleen</td> <td>Heart</td> </tr> </tbody> </table>			Right hand			Left hand			Vikruti	V K p v	P K p v	K K p v	K K p v	P K p v	V K p v	Prakruti	V K p v	P K p v	K K p v	K K p v	P K p v	V K p v	Organ Pulse Superficial	Colon	GB	Pericardium	Bladder	Stomach	Small intestine	Organ Pulse Deep	Lungs	Liver	Circulation	Kidney	Spleen	Heart
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Tongue
Eyes
Face

Management plan (to be filled by Dr Ashish and agreed by patient) –

Medicines-

Therapies-

Pranayama-

Yoga-

How do you rate your health today on a scale of 1-10? (1 being lowest, 10 being best)



ashishveda