



Ayurvedic Intake Form

Name _____

Check the box in the column that best describes how you currently feel.

Date: _____

	vata (air/ether)	pitta (fire + water)	kapha (water + earth)
frame	<input type="checkbox"/> thin, boney	<input type="checkbox"/> moderate, good muscle	<input type="checkbox"/> large, well-developed
weight	<input type="checkbox"/> low, difficult to gain	<input type="checkbox"/> moderate	<input type="checkbox"/> heavy, hard to lose
skin	<input type="checkbox"/> dark, cold, rough, dry, thin	<input type="checkbox"/> rosy, warm, oily	<input type="checkbox"/> pale, cool, oily, thick
eyes	<input type="checkbox"/> small, dry, nervous, often brown	<input type="checkbox"/> penetrating, green, blue, grey with yellowish sclera	<input type="checkbox"/> big, beautiful, loving, calm
hair	<input type="checkbox"/> dry, thin, curly	<input type="checkbox"/> blond, gray, red, bald, soft, oily	<input type="checkbox"/> thick, oily, wavy, lustrous
nose	<input type="checkbox"/> uneven shape, deviated septum	<input type="checkbox"/> long pointed, red nose tip	<input type="checkbox"/> short rounded button nose
teeth	<input type="checkbox"/> protrude, big roomy, thin gums	<input type="checkbox"/> medium, yellow tint, soft tender gums	<input type="checkbox"/> healthy white, strong gums
chest/hips/belly	<input type="checkbox"/> thin, flat, sunken	<input type="checkbox"/> moderate	<input type="checkbox"/> expanded, round
nails	<input type="checkbox"/> rough, hard, brittle, split easily	<input type="checkbox"/> soft, pink, lustrous	<input type="checkbox"/> thick, whitish, pale, smooth, polished
voice	<input type="checkbox"/> rapid, unclear, quick, talkative	<input type="checkbox"/> sharp, penetrating, moderate, clear, precise	<input type="checkbox"/> slow, maybe labored, or deep tonal
walk	<input type="checkbox"/> quick, light, hurried	<input type="checkbox"/> medium paced, purposeful	<input type="checkbox"/> slow, steady, calm
disease tendency	<input type="checkbox"/> nervous, sharp pains, gas/constipation, eczema	<input type="checkbox"/> inflammation, rashes, heartburn, ulcers, fevers	<input type="checkbox"/> fluid retention, excess mucous, bronchitis, sinus
thirst	<input type="checkbox"/> changeable	<input type="checkbox"/> very thirsty	<input type="checkbox"/> sparsely thirsty
elimination	<input type="checkbox"/> irregular, constipated, hard, dry	<input type="checkbox"/> regular, loose	<input type="checkbox"/> slow, plentiful and heavy
sweat	<input type="checkbox"/> minimal	<input type="checkbox"/> profuse, esp. when hot	<input type="checkbox"/> moderate, cool, clammy
temperature pref	<input type="checkbox"/> craves warmth, dislikes cold and dry	<input type="checkbox"/> loves coolness, dislikes heat and sun	<input type="checkbox"/> dislikes cold and damp, prefers heat
appetite	<input type="checkbox"/> variable, small	<input type="checkbox"/> strong, regular	<input type="checkbox"/> slow, steady
digestion	<input type="checkbox"/> irregular, forms gas	<input type="checkbox"/> strong, quick, tends towards burning	<input type="checkbox"/> slow, forms mucous

Totals: