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| --- | --- |
| Name |  |
| Age |  |
| Sex |  |
| Date of Birth |  |
| Place of Birth |  |
| Place of residence |  |
| Height |  |
| Weight (in KG and also to write if there was any change in weight – significant gain or loss - in the resent past) |  |
| Occupation (including nature of work, timing, requiring travel etc etc)  |  |
| Complaints for which ayurvedic treatment is sought |  |
| History (origin, course, treatment) of these complaints |  |
| Nature (aggravating, alleviating factors; frequency – persistent or periodical etc) of these complaints |  |
| Other complaints (say like Diabetes, hypertension etc) and their history (as aboveMedications (currently taking – dosage and timing) |  |
| Family history |  |
| general health |  |
| Sleep – duration and quality |  |
| Appetite |  |
| Bowel movement – frequency, consistency, associated complaints like bleeding, if present |  |
| Urine output – frequency, color, associated complaints, like burning, if present |  |
| Preferences – hot or cold |  |
| Habits – smoking/drinking/control of urges like that to pass urine |  |
| Skin texture – dry/oily/normal |  |
| Woman – Menstrual history – cycle/no: of days’ flow/associated problems like pain during periods/any significant change in the nature of periods in the recent past. Other problems – like white discharge. Obstetrics history.  |  |
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