

Three Seasons Ayurveda



Thank you for choosing Three Seasons Ayurveda for your holistic healthcare. Please complete the questionnaire below, and return it to: jeff@tsayurveda.com. Once it is received, I will contact you to set up a virtual appointment.

Herbal Consultation Form

Date: _____
Your Name: _____
Company Name: _____
Address: _____
City, State: _____ **Zip:** _____
Phone: _____ **E-Mail:** _____

Client Information

Name (Optional): _____
Location: _____
Age: _____ **Height:** _____ **Weight:** _____
Occupation: _____
Prakruti: _____ **Vikruti:** _____
Ama: _____ **Agni:** _____ **Ojas:** _____

Other Pertinent Information:

Health Questionnaire

Abnormal Blood Test Results? (Cholesterol, Thyroid, A1c, Vitamin/Mineral deficiency)

Allergies to any substances? (medicine, food, environment, etc.)

Client Health Concerns?	Date Started	Diagnosed by:

Current Medications, Supplements & Herbal Medicines

Substance: MD Prescription, Supplements, Herbal Products	Current Dosage	Taken for how long?