

Ayurveda Follow-up Form

~ Please take a moment to update us on how you have been doing since your last visit ~

Name: _____ Date: _____ Phone: _____

Address: _____ e-mail: _____

How have you been doing with:

Diet: _____ What supplements are you taking (please include dose and

Sleep: _____ times/day taken): _____

Digestion: _____

Elimination: _____

Cravings: _____

Emotions: _____

Energy Level: _____

What medications are you taking? (prescription & over the counter):

S: Comments:

O:

PULSE *right* *left*

K	PER	BLA
	VPK	KID
P	GB	STM
	LIV	SPL
V	COL	INT
	LUNG	HT

Prakruti V P K

Vikruti V P K

Ojas Tejas Prana

A/P: Findings

Herbs:	Diet:
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Other Recommendations:

Follow-up advice:

Return Visit: