



Ayurveda Dosha-Questionnaire

All information is subject to medical confidentiality

Name Surname

Street Postal code, Place

Birth date Material state Children.....

Height Body weight

Health insurance company Profession

Occupation

Date of arrival Date of departure

Telephone E-Mail

Room No. (please enter, if you are in the hotel)

Do you have acute or chronic complaints?

.....

.....

.....

Do you currently have psychological or psychosomatic complaints?

.....

.....

Do you have food intolerances? Which?

*Milk (Lactose/Casein) * Gluten * Histamine * other



AYURVEDA
TAMARIND TREE GARDEN RESORT

Ayurveda Dosha-Questionnaire

Are you undergoing a special diet?

.....
.....

Are you aware of allergies? Which?

.....
.....

What childhood problems did you experience?

.....
.....

Are you aware of any illnesses in your family, especially in the case of father, mother or siblings?

.....
.....

Have you had surgeries or an accident, if so, please explain?

.....
.....

Are you suffering from indigestion (constipation, diarrhea, flatulence, heartburn)?

.....
.....

Have you taken medication (including antibiotics, cortison, sleeping pills and psychiatric drugs) in the past three months or are you taking medication permanently?

Which?

Dosage?

.....

Do you have the following chronic diseases? (please check)

- Chronic Lyme disease
- Hepatitis
- AIH
- Herpes Zoster
- Skin diseases
- Recurrent flu infections
- Fungal diseases
- TBC
- Others



Ayurveda Dosha-Questionnaire

How often do you taken the following remedies?

Coffein regularly occasionally never Alcohol regularly occasionally never

Nicotine regularly occasionally never

Drugs? Which kind? How often?

.....

The following questions only concern female:

Do you have gynecological/climacteric complaints?

.....

Surgery in the uterus or in the urogenital tract?

.....

When was your last menstruation?

.....

The following questions only concern male:

Do you have complaints in the urogenital tract (e.g. prostate)?

.....

Operations?

.....

Your laboratory reports:

Please bring (if available) laboratory reports and other findings from the last six months.



Dosha-Test

Please fill out the following three columns which really applies to you.

anatomy	<input type="checkbox"/>	slim, unusually large or small	<input type="checkbox"/>	medium-sized body, dynamic	<input type="checkbox"/>	corpulent, strong, rounded
Bone structure	<input type="checkbox"/>	light, delicate	<input type="checkbox"/>	medium-strong bone structure	<input type="checkbox"/>	heavy bone structure
Joints	<input type="checkbox"/>	protruding, dry, possibly rubbing noises, cold	<input type="checkbox"/>	medium-sized, loose	<input type="checkbox"/>	large, slippery, well padded
as a child...	<input type="checkbox"/>	rather slim	<input type="checkbox"/>	medium build	<input type="checkbox"/>	strong to chubby
Skin	<input type="checkbox"/>	thin tissue, rather dry, cold, generally rough	<input type="checkbox"/>	oily, smooth, warm, freckles if necessary	<input type="checkbox"/>	thick, oily, cold, even complexion
hands	<input type="checkbox"/>	elongated, narrow shape	<input type="checkbox"/>	rather round shape	<input type="checkbox"/>	strong, broad, meaty
Nails	<input type="checkbox"/>	elongated, thin, rough surface, possibly brittle	<input type="checkbox"/>	round, soft, rosy color	<input type="checkbox"/>	broad shape, smooth, thick, firm
face	<input type="checkbox"/>	elongated shape, asymmetrical, possibly furrowed	<input type="checkbox"/>	sharp-edged features, possibly wrinkled forehead	<input type="checkbox"/>	round, full, large & smooth forehead
eyes	<input type="checkbox"/>	small, active, possibly dry, fine brows	<input type="checkbox"/>	medium-sized, bright, penetrating	<input type="checkbox"/>	large, quiet, glassy, strong brows
Scalp hair	<input type="checkbox"/>	fine, possibly dry, fluffy, sparsely populated	<input type="checkbox"/>	bright, silky, bright, possibly bald	<input type="checkbox"/>	full, thick hair, dark, wavy
as a child...	<input type="checkbox"/>	thin wavy hair	<input type="checkbox"/>	fine, flying, blonde hair	<input type="checkbox"/>	dark, thick, curly hair
Body hair	<input type="checkbox"/>	ruffled, not shiny	<input type="checkbox"/>	light, silky, fine	<input type="checkbox"/>	bushy, dense, strong
teeth	<input type="checkbox"/>	small, irregular, possibly grayish	<input type="checkbox"/>	medium in size, possibly a slight yellowing	<input type="checkbox"/>	large, regular, bright
voice	<input type="checkbox"/>	gentle, quiet, possibly rough	<input type="checkbox"/>	impulsive, penetrating, clear	<input type="checkbox"/>	deep, pleasant, sonorous
hunger	<input type="checkbox"/>	always irregular, generally little	<input type="checkbox"/>	generally "good hunger"	<input type="checkbox"/>	regular & moderate

Immunity	<input type="checkbox"/>	always been relatively weak	<input type="checkbox"/>	medium, susceptible to infections	<input type="checkbox"/>	generally strong & reliable
sportiness	<input type="checkbox"/>	good short power, no endurance type	<input type="checkbox"/>	dynamic, loves competition	<input type="checkbox"/>	slow but strong, persistent
Friendship	<input type="checkbox"/>	many friends, inconsistent	<input type="checkbox"/>	moderately many, but useful friends	<input type="checkbox"/>	little relationships but long lasting
Hobbies	<input type="checkbox"/>	creative activities, dancing, traveling	<input type="checkbox"/>	Sport, club activities, organizing	<input type="checkbox"/>	quiet activities, collecting, reading, cuddling
intellect	<input type="checkbox"/>	quick grasp, clear	<input type="checkbox"/>	precise, concise, fiery	<input type="checkbox"/>	slow, well considered, sensitive
reaction	<input type="checkbox"/>	spontaneously, sometimes without a degree	<input type="checkbox"/>	critical, rational, carefully considered	<input type="checkbox"/>	relaxed, traditional
Ghost	<input type="checkbox"/>	tolerant, imaginative, flexible, curious, scattered	<input type="checkbox"/>	confident, determined, organized	<input type="checkbox"/>	calm, leisurely, stable, patient



I hereby confirm that all questions have been answered according to my understanding. I am informed that my information is provided on a voluntary basis.

Please note that Ayurvedic treatments and therapies can only be given after completing and signing this document.

I hereby consent to the processing and storage of my data for the stay current and future until further notice.

Date Signature

Please fill in this questionnaire, sign before consultation and hand over to your ayurveda expert.