



Ayurvedic Healing LLC
2541 Soquel Ave, Santa Cruz, CA 95062
Tel: 831-462-3776 Fax: 831-462-3706
www.Ayurvedichealing.Net

Request for Skin Consultation

Date: _____ Name: _____ male female

Mailing Address: _____
City _____ State _____ Zip Code _____ Country _____
Home Phone: _____ Work: _____ Ext. _____ Cell: _____
Fax: _____ E-mail Address: _____

How did you hear about Dr. Manisha Kshirsagar?

Referred by: _____ Relationship: _____

Payment Information

A Credit Card number is required to secure your appointment time.

Credit Card Number: (Visa/MC) _____ Exp. _____

Name on credit card: _____ . Security Code: _____

Medical Concerns and other Questions:

1. _____
2. _____
3. _____
4. _____

Please return this form by Fax: 831-462-3706, or E-mail: drsuhashi@yahoo.com or by mail to the following address:
Ayurvedic Healing, 2541 Soquel Avenue, Santa Cruz, CA 95062.

If you have any questions or concerns you may contact our office Monday through Friday 9:00am to 4:00pm (*Pacific Daylight Time*) at 831-462-3776 **24 hour Cancellation Policy**



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Skin Questionnaire

Please select all that apply to determine your current Dosha and Skin Type. If you have traits that fall under more than one dosha within any category, select all that apply. If none of the choices apply to you, do not answer and skip to the next. Give yourself one point for each selection, and add the totals from each column at the bottom.

Call to schedule a comprehensive skin evaluation and treatment plan (bring this completed form with you).

PHYSICAL TRAITS	VATA	PITTA	KAPHA
Body Frame	<input type="checkbox"/> Thin	<input type="checkbox"/> Medium	<input type="checkbox"/> Large
Skin	<input type="checkbox"/> Dry, thin, Lack of tone or luster	<input type="checkbox"/> Soft, Fair, Very sensitive, Medium Thick	<input type="checkbox"/> Thick, Soft, oily, Shiny
	<input type="checkbox"/> Rough, cold, small pores	<input type="checkbox"/> Oily, Sweaty, Warm, Medium Pores	<input type="checkbox"/> Oily, Cold, Enlarged pores
	<input type="checkbox"/> Chapping and cracking, Premature wrinkles	<input type="checkbox"/> Redness, freckles, Moles Acne, photosensitivity	<input type="checkbox"/> Itching, Prone for Fungal Infection
	<input type="checkbox"/> Dry rashes, corn	<input type="checkbox"/> Acne, Redness, Inflammation	<input type="checkbox"/> Large pustules, Acne
	<input type="checkbox"/> Dry Eczema	<input type="checkbox"/> Blackheads, Wet Eczema	<input type="checkbox"/> Cystic formations
Scalp	<input type="checkbox"/> Dandruff/ dry scalp	<input type="checkbox"/> Warm, Oily, Sweaty scalp	<input type="checkbox"/> Oily and Scaly Scalp
Hair	<input type="checkbox"/> Dry and Dull, Rough, Curly	<input type="checkbox"/> Oily, Thin	<input type="checkbox"/> Thick, shiny
	<input type="checkbox"/> Split Ends	<input type="checkbox"/> Tendency of early graying and thinning	<input type="checkbox"/> Grows easily
Finger Nails	<input type="checkbox"/> Thin/cracking	<input type="checkbox"/> Pink/soft/medium	<input type="checkbox"/> Thick/wide/white
Eyes	<input type="checkbox"/> Small/unsteady	<input type="checkbox"/> Reddish/focused	<input type="checkbox"/> Wide/white
Lips	<input type="checkbox"/> Cracking, thin, dry	<input type="checkbox"/> Medium or soft	<input type="checkbox"/> Large or smooth
Weather- what bothers you	<input type="checkbox"/> Cold and dry	<input type="checkbox"/> Heat and sun	<input type="checkbox"/> Cold and damp
Temperament	<input type="checkbox"/> Nervous or fearful	<input type="checkbox"/> Irritable or impatient	<input type="checkbox"/> Easy going
Emotions	<input type="checkbox"/> Enthusiastic or worries	<input type="checkbox"/> Warm or angry	<input type="checkbox"/> Calm or attached
Mind	<input type="checkbox"/> Quick or adaptable	<input type="checkbox"/> Penetrating or critical	<input type="checkbox"/> Slow or lethargic

Enter total number of each category



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INFORMED CONSENT TO RECEIVE COMPLEMENTARY HEALTH CARE

All clients who participate in Ayurvedic Health Care should be advised of the following information:

1. Ayurveda is the traditional healing system from India, and is based on the idea that each person's path toward optimal health is unique. Your program is based on an understanding your unique constitution and the unique nature of your imbalance. Your program may include lifestyle adjustments, dietary changes, herbs, yoga and meditation, Ayurvedic therapies, aromatherapy and therapeutic massages. The goal of all programs is to create within your body and mind an optimum environment for healing to take place and to maximize your body's ability to heal itself.
2. Ayurvedic Healing LLC is not a medical facility.
3. Employees Ayurvedic Healing of Ayurveda LLC are not trained in Western diagnosis or treatment and may not make suggestions about altering your medical care unless a Licensed Physician is being consulted.
4. The National Institute of Health Office of Complementary and Alternative Medicine currently considers Ayurveda a form of complementary and alternative medicine in the United States. In the State of California, Ayurveda is a non-licensed profession. Its practice was formally legalized under the passage of Senate Bill 577 in January 2003. Ayurvedic Consultations are considered alternative or complementary to healing arts that are licensed by the State of California.
5. If you are suffering from a disease or symptom that has not been evaluated by a Medical Doctor or another licensed health care professional, we recommend that you receive a proper evaluation and may provide you with a referral form. If you are referred to a medical Doctor, you will be required to go or sign an acknowledgement that one was recommended to you.
6. No one in association with Ayurvedic Healing LLC may recommend altering your prescriptions without the approval of your medical doctor. Your Practitioner may suggest that you speak to your doctor about reducing medications when he/she feels that it is appropriate.
7. While your Practitioner may take your blood pressure and vital signs, and perform some examination techniques similar to a routine medical examination, your Practitioner is evaluation their findings from an Ayurvedic perspective only and not from a Western medical perspective. This examination does not take the place of a medical evaluation. If, as a result of this examination, any finding suggestive of a possible medical condition is found, your Practitioner will refer you to a Medical Doctor for further evaluation.
8. The following services are Not offered by Ayurvedic Healing LLC unless under direct supervision of a Medical Doctor: Diagnosis, Treatment or advice of pathological conditions, prescription drugs or medicine.

I have read and understand the above information and give my permission to begin a program of Ayurvedic Health care with Ayurvedic Healing, LLC.

Client Signature: _____ Date: _____

Witness: _____