Health Update Form- MAKE A COPY, RENAME, THEN SAV…

Step 1
MAKE A COPY, RENAME, & SAVE AS ANOTHER DOC!

Step 2
Share to: info@atma-ayurveda.com. Click blue button in upper right.

Step 3
Fill out the form with information on your present condition

Health Update Form for:
(your name)

Name:
Date:

STOP! Did you make a copy & rename to "Health Update Form - (**Your Name**)"
If you don't, you're information will not be confidential!!

Medications in last year
Medical appointments in last year
Main concerns coming up right now
How is your digestion? Indicate on a scale of 0-10, 0= not at all, 10=the worst, all the time 1. Do you have any history of digestive problems? What? 2. Do you get hungry for each meal? In between meals? 3. Any burning sensations? 4. Do you get sleepy or lethargic after eating? 5. Is your tongue coated? 6. Any gases, bloating?

How is your elimination/ bowel movements?

1. Do you pass stool everyday?
2. How many times a day?
3. At what times?
4. Is the stool loose, or like mud?
5. Is the stool dry, hard, or like animal pieces?
6. Does the elimination feel complete?
7. Do you sometimes have urgency to use the toilet?

Susan's Notes

- Agni
- Ama
- Koshta
- Purisha

Stress, Sleep & Energy

1. How is your energy on a scale of 1-10?
2. Is it easy for you to sleep?
3. How many hours do you sleep?
4. How many times do you wake up in the night?
5. What is your level of stress, and what causes you the most stress? What works for you to manage your stress?

Pain anywhere?

Menstruation & Hormone Health

1. Is/was your cycle regular or irregular?
2. How long is/was your cycle?
3. Pain on a scale of 1-10? (10 is worst)
4. How much blood do you lose?
5. What is the precise color progression?
6. Any clotting?
7. Do you have health problems around perimenopause, or menopause, or beyond menopause?
8. Do you take chemical hormones for birth control, anti-cancer therapy, menopause, etc?
9. Do you have any fertility concerns?
10. Do you have a history of cysts, endometriosis, etc?

11.Other notes:
Urinary problems/infections
Other Health notes:

Which herbs you have left (you can also add an image)
Which herbs you ran out of/ products you need:

Tab 2

Tab 3