

Health questionnaire

If possible, please fill it out on your PC, save it with your name and be sure to 1 week BEFORE arrival send to ayurveda@hotelfontana.de



MADUKKAKUZHY

AYURVEDA ZENTRUM BAD KISSINGEN

Arrival on _____ Departure on _____

Last Name

First Name

Street

No.

Zip Code / City

Email

Phone / Mobile

private lawful

Age

Date of birth

Health insurance

I would like an invoice according to GOÄ for a fee (possible from 6 days of treatment)

yes

Weight

Size

Physique

slender

medium

strong

Do you practice spirituality in your life?

Current symptoms (please mention them in order of severity and duration)

1. _____

2. _____

3. _____

Course of treatment of current diseases (e.g. operations, certain therapies)

Traumatic experiences during childhood or puberty, accidents, operations

Pre-existing conditions

High blood pressure, diabetes, jaundice, hemorrhoids, fistulas, ulcers, anemia, if necessary. more

Current medicines , note every medication you are currently taking and since when

Medication

Months/Years

Family history of illness

Description of similar medical conditions or symptoms in the family, if any

Personal quick check

Appetite	
Digestion	
Urination	
sleep	
Menstruation (regularity also in connection with pregnant and birth, if there are or were problems with them)	
Marital status	
stress Level	
Are they on a diet?	
Eating habits	<input type="radio"/> Vegetarian <input type="radio"/> Non-vegetarian
What and when do they eat for breakfast?	
What and when do they eat lunch?	
What and when do they have dinner?	
Allergies and intolerances	
there is a dependency (smoking, alcohol, medication)	
What profession do they currently have?	

Date and result of your last medical examination

Details of previous examinations (only conspicuous results with normal values in brackets)

Diagnosis of your treating German doctor

Ayurvedic Body Type Determination (Self-Assessment)

please tick what applies

	Characteristic	VATHA		PITTA		KAPHA	
1	Phenotype	narrow hips and shoulders		average physique		wide hips and shoulders	
2	Body weight	low		average		high	
3	Endurance/Strength	low, weak		sufficient		High, good	
4	Skin condition	dark, dry, rough and wrinkled		soft, light, oily, sensitive with pink to red moles and skin pigmentation		oily, white, pale, moist and smooth	
5	Hair	dry, dark brown to black and curly		fine, light brown, soft, early graying		oily, dark, strong, smooth or wavy	
6	Teeth	large, protruding, tendency to holes		yellowish, tendency to discoloration		white and large	
7	Eyes	small, black/brown		green or gray		White, clear, moist	
8	Voice/ Way of speaking	shrill, fast and talkative		medium vocal range, eager to discuss and convincing		low vocal range, slow, melodious, monotonous	
9	Defecation	dry, hard stools, constipated, flatulence, irregular in small quantities		soft, oily, loose stools, regular excretion		heavy, firm stools, regular excretion	
10	Physical activity	restless, tires easily		Offensive and focused		quiet and steady	
11	Appetite/Digestion	swaying		great hunger		slight hunger	
12	Taste preferences	oily, heavy, warm, sweet, salty, sour		light, cold, sweet, bitter, astringent		dry, light, hot, spicy, hot, bitter, astringent	

13	Emotional state	anxious, anxious, insecure, unpredictable		offensive, easily excitable, angry, quarrelsome		calm, amiable, stubborn	
14	Mental Tendenzen	questioned, imaginative, difficult decision-making		judgmental, strong-willed, stubborn		stable, logical, calm, emotional	
15	Sleep patterns	Short, restless sleep of 4 - 5 hours duration		good, slightly restless sleep of 5 - 7 hours duration		deeper, more restful, longer Sleep, falls asleep easily, approx. 8 hours	
16	Dreams	Fear, flying, running		Fire, emotional		Water, calm contents	
17	Sex drive	frequently		average		periodic, not frequent	
18	Memory	Short-term memory, learns/forgets quickly		good, but not very long-term		learns slowly, good long-term memory	
19	Conduct in financial matters	spends money quickly and unwisely		saves on average		saves a lot and accumulates wealth	
20	Pulse	fast with relocations		moderate, with jumps		slow and constant	
21	Heart rate	80 - 100/min.		70 - 80/min.		60 - 70/min.	
22	Response to threat	anxious, fearful, withdraws		angry, irritable, sits down Weir		indifferently withdraws	

Please note, alcohol and smoking are strictly prohibited during an Ayurvedic cure!

Women during menstruation cannot receive full-body treatments.

Further explanations so that we can better understand your body

For your questions

Booked package _____

Do you already have experience with Ayurveda? yes no

How did they become aware of us? _____

I agree to the storage of my data

yes no (please tick and confirm with signature)

Signature _____

please send fill in the Questionnaire before arrival to: ayurveda@hotelfontana.de

To be completed by the doctor:	Lfd.-Nr.:
Dosha-type	
Eye, tongue and pulse diagnostics	
Diagnosis	

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