



Rasa Ayurveda Traditional Healing Centre

Chaitanya, Thittamangalam
Kodunganoor P.O. Trivandrum, 695013
☎ 471-2365714

Please complete this form.

Return by fax #001-908-292-1093 or email to info@rasaayurveda.com

All personal information is held confidentially.

Full Name:

Date of Birth:

Marital Status/Spouse Name:

Children?:

of days available for treatment:

Address:

Phone Numbers

Mobile:

Residence:

Work:

E-mail:

Occupation:

Emergency Contact:

Phone:

Email:

Languages you are comfortable speaking in:

Why are you interested in Ayurveda?

What do you most hope to gain from your time at Rasa?

Alleviation of health condition

Detoxification

Relaxation

Rejuvenation

Understanding How to Eat and Live for Balance

Other (Tell us more...)

If you are coming to address a specific condition, what is the condition?

How long have you had this?

What treatment have you received and when?

Are you currently under a doctor's care? For what condition? Do they understand that you are coming to Rasa for treatment?

Do you have known allergies? If so, please list offending substances and the reactions you experience.

Do you currently follow any particular diet? Please describe.

Please list medications, herbs, supplements and/ or recreational drugs you currently or have recently used.

1) Name of substance:

Who recommended it and why?

How long have you been taking this? - Or - When did you start taking this?

When do you take it and in what form?

What are the effects it has had?

2) Name of substance:

Who recommended it and why?

How long have you been taking this? - Or - When did you start taking this?

When do you take it and in what form?

What are the effects it has had?

3) Name of substance:

Who recommended it and why?

How long have you been taking this? - Or - When did you start taking this?

When do you take it and in what form?

What are the effects it has had?

4) Name of substance:

Who recommended it and why?

How long have you been taking this? - Or - When did you start taking this?

When do you take it and in what form?

What are the effects it has had?

5) Name of substance:

Who recommended it and why?

How long have you been taking this? - Or - When did you start taking this?

When do you take it and in what form?

What are the effects it has had?

If you need more space, please continue on more paper.

Note: Please bring or send ahead any current or relevant medical testing reports with you to Rasa Ayurveda Traditional Healing Centre.

I certify that the above is true and correct to the best of my knowledge.

Print Name / Signature / Date