



PERSONAL AYURVEDIC CONSULTATION

Application Form

Name: _____ Age: _____

Street Address: _____ City: _____

Postal Code: _____ Phone(s): _____

Email: _____ Website: _____

Birth Date (D/M/Y): ____/____/____ Birth Time: _____

Birth Place: _____ Marital Status: _____

If required, may we have your permission to consult your Vedic Astrology (Jyotish) birth chart based on the above birth data you have supplied? This may be helpful in understanding any personal issues you may be encountering. Please Initial: YES _____ NO _____

Education (High School, College, University): _____

Year(s): _____ Areas of Study: _____

Degree(s) Obtained: _____

Educational Interests: _____

Occupation: _____ Full/Part Time or Retired: _____

Work Schedule: _____ Exercise: _____

Skills/Hobbies/Interests: _____

Please give a brief Description of your experience with Ayurveda:

Please list three main reasons you are seeking a Personal Ayurvedic Consultation at this time:

What is your present state of mind? Good _____ Worried _____ Tense _____

Describe: _____



Have you ever been (or are you now) under the care of a psychiatrist or on any other psychotherapeutic program? YES _____ NO _____

IF YES, when?: _____ What type of program?: _____

Describe Results:

Sleeping Habits

How do you sleep: Good _____ Poor _____ Variable _____

When do you tend to wake up: _____

Average Sleeping Routine: _____

Characterize your Dreaming Experience: _____

Daily Routine:

Upon Waking up: _____

Morning Routine: _____

Daytime Routine: _____

Evening Routine: _____

Eating Habits and Average Dietary Choices:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Please Describe Your Current State Of Health:

Physical: _____

Mental: _____

Emotional: _____

Digestive Issues: _____

Elimination Issues: _____

Allergies: _____

Menstrual Issues: _____



AT THE CORE
Yoga, Meditation and Ayurveda

Have you ever had any prolonged physical condition, i.e. heart or respiratory trouble? YES _____ NO _____

If YES, please describe:

Are you currently using medication (including recreational drugs)? YES _____ NO _____

Please describe usage and reason:

Please be advised that this and all programs offered by AT THE CORE are educational and are not intended as therapy or treatment. AT THE CORE, their directors, and their instructors assume no responsibility for any adverse reaction - physical, psychological, emotional or behavioural - resulting from participation in any of its courses, classes, and programs. The information shared during your Ayurvedic Consultation is in no way to be considered as a substitute for a consultation with a duly licensed health-care professional.

Name: _____ Date: _____

Explore your nature at the core...

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