Dear Potential Client,

Thank you for your interest in becoming a client of the Ayurvedic Center for Healing, Life and Longevity. Please review this packet of information prior to your initial consultation. These documents contain information about the consultation and include several forms that will help to prepare for your visit.

Keep these documents for your records:

1. Cover Letter and Map
2. Patient Information Document covering "General Information"

Please return the following completed documents to the Ayurvedic Institute as soon as possible:

1. Patient Information Document entitled "Application for Services"; be sure to sign where required.
2. Health Information and History

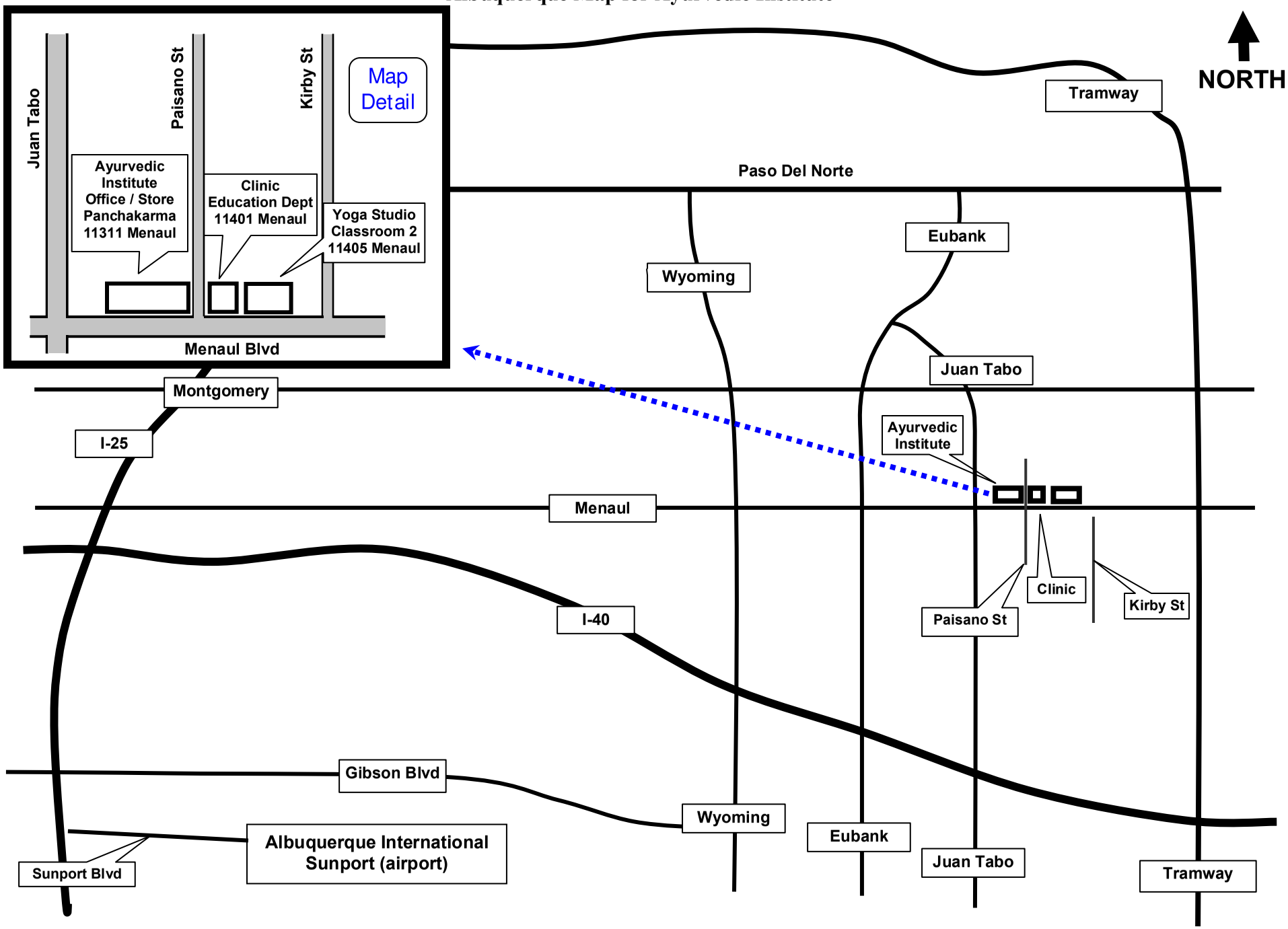
Your prompt attention to filling out and returning the necessary documents will be of great service to your Practitioner, who will be reviewing your file prior to your consultation. Please note: If you will be cancelling an appointment we request notice of at least 48 hours in advance. Failure to cancel an appointment within 24 hours will result in a $20 administrative charge.

Thank you for taking time to provide the information requested. Please call if you have any questions. We look forward to being a part of your health and wellness journey!

Sincerely,

Mari Pfingston-Bigelow
Clinic Coordinator
Ayurvedic Center for Healing, Life and Longevity
clinic@ayurveda.com
505-291-9698, Ext. 131

Albuquerque Map for Ayurvedic Institute



Patient Information Document
GENERAL INFORMATION

The Ayurvedic Center for Healing, Life and Longevity
Graduate and Student Clinic
11401 Menaul Blvd. NE
Albuquerque, NM 87112
(505) 291-9698, ext. 131
The Ayurvedic Institute is a non-profit 501(c)(3) educational organization that teaches the principles and practices of Ayurveda.

Ayurveda is currently considered a form of complementary and alternative medicine in the United States. It is not licensed by the state of New Mexico as a medical discipline or practice. All services and treatments provided are complementary or alternative to health care services provided by health care practitioners currently licensed by the state of New Mexico. Ayurveda is complementary to and supportive of traditional western medicine as practiced in the United States and does not replace medical diagnosis and treatment.

You have the right to full disclosure information concerning the complementary and alternative health care practitioner's assessment and recommendations prior to commencement of any service(s) for each appointment. This includes the expected frequency and duration of services needed to achieve the stated healthcare goals.

The Nature and Expected Results of an Ayurvedic Consultation Offered by the Ayurvedic Center for Healing, Life and Longevity:

Ayurveda is an ancient system of medicine focusing on the complete person including the body, mind and spirit. Ayurveda defines wellness as more than simply "the absence of disease". The Ayurvedic definition of health is when an individual's unique mixture of qualities, bodily functions, and five senses are balanced and the individual is able to experience peace, bliss, and joy in body, mind and spirit.

Ayurveda recognizes that each person has a unique mind-body constitution. The Ayurvedic consultation process identifies the various components of an individual's constitution, determines where imbalances may exist, and provides education, guidance and options for helping the individual to regain balance and improve their health and wellness.

Each client of the Ayurvedic Center for Healing, Life and Longevity will be seen by a Practitioner within the Student, Graduate, or Professional Clinic. Student and Graduate Consultations are conducted under the supervision of one or more of the qualified Clinic Supervisors listed in the section "Supervisor/Practitioner Credentials". All students involved in the Student Clinic are enrolled in good standing at the Ayurvedic Institute in the Ayurvedic Studies Program, Level 2.

An Ayurvedic Consultation typically consists of three general steps:

1. *Assessment* – This includes a discussion of client concerns, reasons for the visit and the client's health history. The (student) Practitioner will conduct an assessment of signs and symptoms of imbalance. Then the Practitioner and the client will discuss what the client is willing and able to do to achieve their stated healthcare goals.
2. *Findings* – The Practitioner will analyze the assessment results and compile information to determine the client's basic Ayurvedic constitution, the current state of imbalance, and the causative factor(s) involved.
3. *Recommendations* – The Practitioner will review their assessment and findings, and develop recommendations based on the client's unique needs, healthcare goals, and current state of imbalance. (Within the Student and Graduate clinic, this information is then privately discussed with the Clinic Supervisor. The outcome of the supervision is the approved recommendations that are subsequently discussed with the client.) Recommendations may include information and instruction on diet and eating habits, lifestyle, yoga/exercise, meditation, breathing practices, herbal medicines, and other health improvement practices, as appropriate. The client and the Practitioner will refine the recommendations into a protocol that the client can realistically implement to achieve their healthcare goals.

SERVICES NOT OFFERED NOR AVAILABLE:

The Ayurvedic Center for Healing, Life and Longevity and its practitioners will not: perform surgery, set fractures, administer x-ray radiation, prescribe or dispense dangerous drugs or controlled substances, directly manipulate the joints or spine, physically invade the body, except for the use of non-prescription topical creams, oils, salves, ointments, tinctures or any other preparations that may penetrate the skin without causing harm, make a recommendation to discontinue current medical treatment prescribed by a licensed health care practitioner, make a specific conventional medical diagnosis, have sexual contact with a current client or former client within one year of rendering service, falsely advertise or provide false information, illegally use dangerous drugs or controlled substances, reveal confidential information of a client without the client's written consent, engage in fee splitting or kickbacks for referrals, refer to the practitioner's self as a licensed doctor or physician or other occupational title pursuant to Chapter 61 NMSA 1978; or perform massage therapy on an individual pursuant to the New Mexico Massage Therapy Practice Act.

NOTICE REGARDING CLIENT RECORDS:

- You have the right to access your own client records and the written information therein.
- Client records and transactions are confidential unless the release of these records is authorized in writing by the client or as required by law.
- You have the right to a coordinated transfer when there is a change in the provider of the complementary and alternative health care services.

COMPLAINTS:

A client may file a complaint against any complementary and alternative health care practitioner with the New Mexico Department of Regulation and Licensing:

New Mexico Regulation and Licensing Department
ATTN: Superintendent's Office
Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, New Mexico 87505
Phone: (505) 476-4500
Fax: (505) 476-4511

PRACTITIONER INFORMATION

All Ayurvedic Consultations will take place on the campus of the Ayurvedic Institute. The address and phone number of the main building on campus is listed below.

Business Address: The Ayurvedic Institute
11311 Menaul Blvd. NE
Albuquerque, NM 87112

Telephone: 505-291-9698

SUPERVISOR/PRACTITIONER CREDENTIALS

SUPERVISORS FOR AYURVEDIC CONSULTATIONS:	QUALIFYING EDUCATION AND EXPERIENCE
Vasant Lad, M.A.Sc.	He has a Bachelor's degree in Ayurvedic Medicine and Surgery (BAMS), a Master's of Science in Ayurveda, and has been conducting Ayurvedic Consultations since 1972.
Sunny Rose Healey	All Clinic Supervisors have completed a minimum of 1160 hours of Ayurvedic Studies in the Ayurvedic Institute's Level 1 and Level 2 Programs (or equivalent) and have a minimum of 100 hours experience working with clients. Collectively, these supervisors have a minimum of 30 years experience working with clients.
Nomi Gallo	
Jennifer Ayres	
Barbara Stavola	
Carmen Loderus	
Dr. Sharada Hall, DOM	

THE AYURVEDIC CENTER
FOR HEALING. LIFE. AND LONGEVITY

Patient Information Document

APPLICATION FOR SERVICES

Circle which category applies: New Client or Returning Client

I Agree To The Following:

1. Consultation Fees are as follows:
   Student Clinic: $20 per initial consultation and $15 per follow-up consultation (Senior citizens over 60 and students with valid ID pay $15 and $10, respectively).
   Graduate Clinic: $45 per initial consultation and $30 per follow-up consultation.
   Professional Clinic: $90 per initial consultation and $45 per follow-up consultation.
   Ayuryoga Student Clinic: $20 per consultation.
2. If I need to cancel an appointment and do not cancel more than 24 hours before the scheduled appointment time, I will be charged a $20 administrative fee.
3. I commit to attending the scheduled appointment(s) on time.
4. I will participate in the design of my health and wellness plan and implement it according to my ability.
5. In the case of disputes or claims that cannot be resolved privately between myself and the Ayurvedic Institute or any employee or student thereof, I agree to submit such dispute or claim to the American Arbitration Association and agree to be bound by their rules and final decision.
6. I accept that the Ayurvedic Consultation will be conducted in a private room (under the supervision of a Clinical Supervisor within the Student and Graduate Clinic) and there may be an additional student observer present.

I am interested in being a client of:

The Ayurvedic Center for Healing, Life and Longevity.

Initial appointments will be completed within a 2-hour period. Returning clients will be seen for a 1-hour follow-up appointment.

I understand that this is an educational Ayurvedic Consultation and this consultation does not include medical diagnosis or medical treatment, is not a substitute for medical care, and it is not an agreement for on-going care.

I hereby acknowledge and authorize that the information I provided in this consultation and subsequent information accumulated in my health information files may be used in whole or in part as a case study by the instructors of the Ayurvedic Institute for educational purposes. My personal identification will be carefully protected from disclosure.

I hereby apply for services from the Ayurvedic Institute and authorize The Ayurvedic Institute and it's practitioners to perform any of the above defined services. By signing, I acknowledge that I have read, understand, and agree to all the terms and conditions detailed in the Patient Information Documents.

1. Name (printed) _____ Date_____

_____
Signature of Client/Guardian or third party, as appropriate

2. _____ **(Initial Here)** I have been provided with a copy of the Patient Information Document, the originals of which will be kept by The Ayurvedic Institute for at least three years.

INTENTIONALLY LEFT BLANK FOR DOUBLE SIDED PRINTING

Health Information and History

CONTACT INFORMATION:

Client Name _____ Date _____

Home Address _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

E-mail _____

PERSONAL INFORMATION:

DOB _____ Time of Birth _____ Place of Birth: City _____ State/Region _____ Country _____

Age ____ Occupation: _____ Marital Status _____ Children & Ages: _____

Referred by _____ Family Physician _____

Primary Care Provider Name & Title _____ Phone _____

Address _____

OBJECTIVES:

Please check the items that reflect your main objectives:
Please note that Ayurvedic Consultations do not include medical diagnosis and treatments. If you are concerned about a medical condition or a latent or potential medical condition you should see a medical doctor.

- ☐ 1. I would like an alternative approach to allopathic medicine for managing illness and disease.
- ☐ 2. I would like to improve my general health and wellness and reduce my vulnerability to illness and disease.
- ☐ 3. I would like to improve my lifestyle and dietary practices to improve my health.
- ☐ 4. I would like to change my habits and behavioral patterns to improve my relationships with others.
- ☐ 5. I would like to manage stress, tension and worry to attain a more stable emotional nature.

How would your life be different if you were to achieve these objectives to your satisfaction?

_____

A) Are you currently under a physician's care for a specific medical problem? (If yes, for what) _____

CONCERNS: Please tell us your present concerns and/or conditions that are currently bothering you. How long have they troubled you? ____

_____

_____

_____

B) What would you like to achieve or change in terms of your health and wellness? _____

_____

Last physical examination: Date _____ Blood Pressure _____ Cholesterol_____

Height _____ Weight _____ Weight Changes _____

What prescription drugs or medications are you currently taking? (Or have taken within the last six months)

Prescription:	Reason	Duration taken	Current dosage	Quantity per	Frequency per day	Before/after/during or between meals

Herbal/ vitamin supplements	Reason	Duration taken	Current dosage	Quantity per	Frequency per day	Before/after/during or between meals

History of Smoking: _____
Drinking alcohol: _____
Recreational / Non-prescription Drugs: _____

What surgeries have you had? (Include dates) _____

C) PERSONAL HISTORY:

Do you or your family members have a history of: (check the boxes that apply)

	Myself	Family Member			Myself	Family Member	
		Maternal	Paternal			Maternal	Paternal
Allergies to Food	☐	☐	☐	Stroke	☐	☐	☐
Allergies to Drugs	☐	☐	☐	Cerebro Vascular Accident	☐	☐	☐
Dental Treatment Complications	☐	☐	☐	Cancer	☐	☐	☐
Bleeding Gums	☐	☐	☐	Chemotherapy	☐	☐	☐
Contact Lenses	☐	☐	☐	Radiation Treatment	☐	☐	☐
Glaucoma	☐	☐	☐	Hepatitis A	☐	☐	☐
Eye Surgery	☐	☐	☐	Hepatitis B	☐	☐	☐
Pain in the Ear	☐	☐	☐	Hepatitis Non-A / Non-B	☐	☐	☐
Ringing in the Ear	☐	☐	☐	Mononucleosis	☐	☐	☐
Shortness of Breath	☐	☐	☐	Jaundice	☐	☐	☐
Asthma	☐	☐	☐	Anemia	☐	☐	☐
Pneumonia	☐	☐	☐	Gallstone	☐	☐	☐
TB	☐	☐	☐	Kidney Disease	☐	☐	☐
High Blood Pressure	☐	☐	☐	Kidney Stones	☐	☐	☐
Low Blood Pressure	☐	☐	☐	Bladder Disease	☐	☐	☐
Dizziness	☐	☐	☐	Thyroid Condition	☐	☐	☐
Fainting	☐	☐	☐	Thyroid Medication	☐	☐	☐
Seizures	☐	☐	☐	Ulcers	☐	☐	☐
Convulsions	☐	☐	☐	Intestinal Bleeding	☐	☐	☐
Epilepsy	☐	☐	☐	Chronic Constipation	☐	☐	☐
Diabetes	☐	☐	☐	Recurring Diarrhea	☐	☐	☐
Feet or Ankles Swelling	☐	☐	☐	Arthritis	☐	☐	☐
Chest Pain	☐	☐	☐	Implant	☐	☐	☐
Angina	☐	☐	☐	Prosthesis	☐	☐	☐
Heart Murmur	☐	☐	☐	Prolonged Bleeding When Cut	☐	☐	☐
Heart Attack	☐	☐	☐	Psychiatric Treatment	☐	☐	☐
Heart Disease	☐	☐	☐	Venereal Diseases (STDs)	☐	☐	☐
Heart Surgery	☐	☐	☐	HIV Exposure	☐	☐	☐
Rheumatic Fever	☐	☐	☐	Sleep Disorders	☐	☐	☐

History of Any Other Disease Or Problems? (Please list any other illnesses, surgeries, diseases, injuries, trauma, emotional stresses, mental stresses, life-style conditions, addictions, alcohol, drug abuse, changes of weight, or anything else to help us clearly understand your health condition) _____

_____

_____

FAMILY HISTORY: Any other family illnesses? _____

_____

EXERCISE: Do you currently engage in any exercise or physical activity? __ If so, what type(s)?

_____

Have you ever done Yoga postures before? _____ **If so, what type(s), how often?** _____

FEMALES: Age of onset of menses _____ **Are you pregnant?** _____ **Number of Months** _____ **Number of previous pregnancies** _____

Difficult past pregnancies _____ **Complications** _____

Birth Control ☐ yes ☐ no What Type _____ **How long** _____ **Date of Last Menstrual Period** _____ **Length of cycle** _____

Cycles: ☐ regular ☐ irregular _____ **Days between cycles** _____ **Flow: ☐ heavy, ☐ med, ☐ light Color of blood** _____

Clots: ☐ yes ☐ no When _____ **Pain and/or difficulty during cycle** _____

PMS symptoms: _____

Any other symptoms during cycle: _____

Yeast infections: _____

Urinary tract infection (UTI) (frequency, duration): _____

Menopausal stage / symptoms: _____

MALES: Prostate Condition _____ **Other** _____

Check All That Apply Currently And Within The Last Six Months:

Category			
Digestion	☐ Irregular with ☐ Bloating ☐ Gas/Flatulence ☐ Abdominal Discomfort ☐ Gurgling Intestines ☐ Breathlessness	☐ Quick digestion with ☐ Acid Indigestion ☐ Heartburn ☐ Burning pain ☐ Still hungry after eating ☐ Nausea ☐ Vomiting	☐ Slow digestion with ☐ Feeling of heaviness ☐ Lethargy ☐ Sleepy after eating ☐ Low energy after meals ☐ Excess mucous secretions
Appetite	☐ Irregular ☐ Sometimes eats at midnight	☐ Excess hunger ☐ Sharp hunger ☐ Desire to eat large amount of food ☐ Strong unbearable appetite ☐ Feels hypoglycemic	☐ Emotional eating (No urge for food but still the person eats) ☐ Dull / No appetite
Cravings	☐ Fried food ☐ Hot spicy food ☐ Meat or other protein	☐ Sweets ☐ Cooling foods & drinks	☐ Hot, sharp, dry & spicy food ☐ Wine or alcohol
Elimination	☐ Tendency toward constipation ☐ Dry ☐ Irregular ☐ Defecates without satisfaction ☐ Passes gas during elimination	☐ Loose stools ☐ Diarrhea	☐ Mucous in stool
Pain	☐ Shifting ☐ Tearing ☐ Moving ☐ Vague ☐ Throbbing ☐ Colicky ☐ Cutting ☐ Excruciating with breathlessness, fear and tachycardia	☐ Burning ☐ Sharp ☐ Hot ☐ Migraine headaches ☐ Sucking pain with fever, nausea and irritability ☐ Intense pain	☐ Dull ☐ Stable ☐ Deep dull aching pain ☐ Can sleep through the pain
Skin	☐ Dry ☐ Cracked ☐ Rough ☐ Thin ☐ Discolored ☐ Patchy	☐ Hives ☐ Rash ☐ Urticaria ☐ Acne ☐ Tender ☐ Warm/hot to touch ☐ Redness ☐ Boils ☐ Ruddy ☐ Itchy	☐ Excess oily ☐ Thick ☐ Pallor ☐ Cold/clammy ☐ Lustrous
Sleep	☐ Insomnia ☐ Need night light ☐ Restless ☐ Difficulty falling asleep	☐ Interrupted sleep ☐ Must have complete darkness ☐ Needs to read/TV to sleep	☐ Excess sleep ☐ Daytime napping ☐ Heavy sleeper ☐ Slow to awaken ☐ Hypersomnia
Seasonal Allergies	☐ Breathlessness ☐ Wheezing ☐ Constricted Breathing	☐ Rash ☐ Itching eyes ☐ Hives ☐ Irritation ☐ Inflammation	☐ Runny nose ☐ Watery eyes ☐ Congestion
Food Sensitivity	☐ Night shades ☐ Leftovers ☐ Dry fruits ☐ Raw food	☐ Hot spicy foods ☐ Sour foods ☐ Fermented foods	☐ Dairy products
Sweating	☐ Scanty or no sweat	☐ Excess ☐ Profuse with body odor	☐ Cold/clammy
Muscle Reactivity	☐ Twitching ☐ Cramping ☐ Weakness ☐ Numbness ☐ Tingling ☐ Spasms	☐ Bruising ☐ Tenderness to touch ☐ Sore ☐ Excess heat	☐ Tumors ☐ Cysts ☐ Growths ☐ Generalized weakness

Category			
Bone and Joints	☐ Painful ☐ Popping ☐ Cracking ☐ Stiffness ☐ Loose ☐ Osteopenia ☐ Osteoporosis ☐ Medical fractures ☐ Scoliosis	☐ Inflamed ☐ Hot / feverish ☐ Tender ☐ Inflammatory arthritis ☐ Osteomyelitis ☐ Bursitis	☐ Swollen joints ☐ Bone tumors ☐ Bone spurs ☐ Osteosarcoma ☐ Non-inflammation with profuse infusion ☐ Sclerosis
Circulation	☐ Cold extremities (hands, feet)	☐ Burning hands / feet ☐ Bruises easily ☐ Tendency toward bleeding	☐ Cold clammy hands ☐ Varicose veins ☐ Thrombotic element
Body weight	☐ Variable ☐ Can't gain weight ☐ Thin or slender	☐ Stable ☐ Tendency toward hyper metabolism	☐ Tendency to easily gain weight ☐ Over-weight ☐ Obese ☐ Voluptuous ☐ Stout
General Symptomatology	☐ Dry cough ☐ Ringing ears ☐ Light-headed ☐ Dryness: external/internal ☐ Hemorrhoids: external / non-bleeding ☐ Low back ache ☐ Irregular metabolism ☐ Dry mouth ☐ Receding gums ☐ Blackish brownish discoloration ☐ Fatigue ☐ Lack of power, tone & strength ☐ Paralysis ☐ Slipped disc ☐ Hernia ☐ Difficulty sweating ☐ Cold extremities (hands, feet)	☐ Spontaneous bleeding ☐ Hyper-sensitive to smells ☐ Hair loss ☐ Excess thirst ☐ Hemorrhoids: internal / bleeding ☐ Hot flashes ☐ Tendency toward inflammatory conditions ☐ Acidic saliva ☐ Hyper acidity ☐ Yellowish discoloration ☐ Fainting ☐ High metabolism	☐ Cold ☐ Cough ☐ Congestion ☐ Excess urination ☐ Frequent urination ☐ Fibrocystic ☐ Over salivation ☐ Edema ☐ Slow metabolism ☐ Albuminuria ☐ Lipoma(s) ☐ Cataracts
Mental-Emotional	☐ Transient Depression ☐ Inability to concentrate ☐ Forgetful ☐ Worry ☐ Fear ☐ Anxiety ☐ Insecurity ☐ Loneliness ☐ Nervousness ☐ Grief ☐ Restlessness ☐ Repetitive thinking ☐ Spacey	☐ Extreme depression with suicidal tendencies ☐ Anger ☐ Rage ☐ Resentful ☐ Judgmental ☐ Critical ☐ Envious ☐ Sharp tongued ☐ Vengeful ☐ Intolerant ☐ Irritable ☐ Aggressive ☐ Success-Failure mind set ☐ Seeks power, prestige and position	☐ Prolonged depression ☐ Sloppy ☐ Slow ☐ Confused ☐ Greed ☐ Attachment ☐ Mental lethargy ☐ Resistant to change ☐ Laziness ☐ Unforgiving ☐ Stubborn ☐ Boredom
Nature of response within relationships	☐ Talkative ☐ Uncertain ☐ Anxious ☐ Lonely ☐ Insecure ☐ Excitable ☐ Shy ☐ Spacey	☐ Seeks power, prestige and position ☐ Perfectionist ☐ Competitive ☐ Seeker of knowledge	☐ Based on acquiring comfort & pleasure