

HEALTH QUESTIONNAIRE

Please fill it out on a PC if possible, save it with your name and definitely **14 days BEFORE** arrival send to gesundheitsfragebogen@ayurveda-deutschland.org



MADUKKAKUZHY
AYURVEDA

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Date of arrival in Bad Bocklet _____ Date of departure _____

Last name _____ Surname _____

Street name _____ House number _____

Postal code / town / country _____

E-mail-address _____

Phone number / mobile _____

Age _____ Date of birth _____

Weight _____ Height _____

Physique slim medium strong

Do you practise spirituality in your life?

Current symptoms (Please name them in chronological order, depending on intensity and duration)

1. _____

2. _____

3. _____

Course of treatment for current illnesses (e.g. surgeries, special therapies)

Traumatic experiences during your childhood or adolescence, accidents, surgeries

Previous diseases

Hypertension, diabetes, jaundice, haemorrhoids, fistula, ulcers, anemia, further diseases (if necessary)

Medicine you currently take (Please name each medicament and since when you take them)

Name of medicine

month/year

Family medical history

Please describe similar diseases or symptoms which occurred in your family, if information is available

Individual short check

Appetite	
Digestion / bowel movement	
Urination	
Sleep	
Menstruation (regularity, also in connection with pregnancies and birth, as far as any problems occurred or still exist)	
Marital status	
Stress Level	
Do you keep to a diet?	

Date and diagnostic finding of your latest medical examination

Details of previous medical examinations (only noticeable findings, please put standard values in brackets)

Diagnosis of your treating physician

Ayurvedic body-type-identification (self-evaluation)

Please tick as appropriate

No.	Characteristics	VATHA	PITTA	KAPHA
1	Phenotype	slim hips and shoulders	average physique	wide hips and shoulders
2	Weight	low	average	high
3	Endurance/Strength	low, weak	adequate	high, good
4	Skin condition	dark, dry, rough and wrinkly	soft, bright, oily, sensitive with rose-colored or 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 greying	oily, dark, strong and full, straight or wavy
6	Teeth	large, protruding, tendency to caries	yellowish, tendency to discolouration	white and large
7	Eyes	small, black/brown	green or grey	white, clear, moist
8	Voice/way of speaking	shrill, quick and communicative	middle pitch of voice, likes to discuss, convincing	low pitch of voice, slow, melodious, monotonous
9	Bowel movement	dry, hard defecation, constipation, flatulences, irregular and of small volume	soft, oily, loose defecation, regular excretion	heavy, solid defecation, regular excretion
10	Physical activity	restless, quickly tiresome	offensive and focused	calm and constant
11	Appetite/digestion	unstable	big appetite	little appetite
12	Taste preferences	oily, heavy, warm, sweet, salty, sour	light, cold, sweet, bitter, contracting	dry, light, hot, spicy, aromatic, bitter, contracting
13	Emotional condition	anxious, eager, insecure, unpredictable	offensive, easily excitable, angry, quarrelsome	calm, lovely, obstinate
14	Mental tendencies	questioning, full of ideas, undecided	judging, strong-willed, obstinate	stable, logical, calm, emotional
15	Sleep pattern	short and restless sleep of 4 - 5 hours	good and a bit restless sleep of 5 - 7 hours	deep, recreative, long sleep, falls asleep easily, approx. 8 hours
16	Dreams	fear, flying, running	fire, emotive subjects	water, calm subjects
17	Sexual drive	frequent	average	periodic, not frequent
18	Memory performance	short-term memory, learns fast/forgets fast	good, but not long-term	learns slowly, good long-term memory
19	Behaviour in terms of financial affairs	spends money quickly and rash	average money saving	saves a lot of money and accumulates prosperity
20	Pulse	fast with shifts	moderate, with jumps	slow and constant
21	Heart rate	80 - 100/min.	70 - 80/min.	60 - 70/min.
22	Reaction in threatening situations	anxious, fearful, retreating	angry, irritable mood, fortified and able to resist	feeling of indifference, apathetic, retreating

- Please note that alcohol and smoking are strictly forbidden during an ayurveda treatment.
- Full-body treatments are not possible for menstruating women.

Dear Guest,

nutrition is an important part of our Ayurvedic treatment concept. In accordance with this principle, in consultation with our Medical Director Jobin Madukkakuzhy and the head chef Mr. Matthias Kirchner, you will be served a seasonal and regionally freshly prepared lunch and dinner according to Ayurvedic principles as part of your Ayurvedic full board vegetarian menu.

In the spirit of community, we kindly ask you to join us at 1:00 p.m. and 6:30 p.m. at "Restaurant Gregor | 1926" and enjoy your menu.

If intolerances do not allow you to take the menu, we will be happy to serve you a kitchari or steamed rice with cooked seasonal vegetables as a main course.

Medically indicated food allergy/intolerance (Please check)

- gluten fructose cow's milk/lactose histamine peanuts
 soy chicken egg celery nuts fish

Nutrition habits vegetarian vegan non-vegetarian

What do you eat for breakfast and when do you have breakfast?

What do you eat for lunch and when do you have lunch?

What do you eat for dinner and when do you have dinner?

Important notes about your eating habits

Booked rate _____

Have you made any experience with ayurveda yet? yes no

How did you find out about us? _____

I agree to the storage of my dates yes no (Please tick and confirm with signature)

> Signature _____

Please send the completed questionnaire BEFORE ARRIVAL to: gesundheitsfragebogen@ayurveda-deutschland.org