

# PERSONAL REQUEST FOR CONSULTATION AND THERAPY

Dr. Ranvir Pahwa

Confidential information: Please print

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**Date:**   m     d     y  

**Complete Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex:**   M     F   **DOB:**   M     D     Y  

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Pro.** \_\_\_\_\_ **Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Pt/Ft/Shift** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Referred by/Found us** \_\_\_\_\_ **Marital Status:**   M     S     D     CL     W   **Physician/Specialist** \_\_\_\_\_

| MAJOR COMPLAINTS | SINCE | CAUSES |
|------------------|-------|--------|
|                  |       |        |
|                  |       |        |
|                  |       |        |

**Other Complaints**

| MEDICATIONS | COMPLAINTS | ANY ADVERSE EFFECTS |
|-------------|------------|---------------------|
|             |            |                     |
|             |            |                     |
|             |            |                     |

**Past Medications** \_\_\_\_\_

**VITAMINS, SUPPLEMENTS, HERBS AND HOMEOPATHY**

\_\_\_\_\_

**FAMILY MEDICAL HISTORY WHO HAS OR HAD IT**

|   |  |   |  |   |
|---|--|---|--|---|
| <b>Allergies &amp; List Kinds</b><br><br>Arteriosclerosis<br>Asthma | <b>Arthritis</b><br><b>Cancer &amp; kinds</b><br><br>Cholesterol | <b>Diabetes I or II</b><br><br>Eczema/Skin Diseases<br><br>Heart disease/Attack | <b>High BP</b><br><br>Low BP<br>Neurological Disorders | <b>Seizures</b><br>Stroke<br>Valve Problems |
|---|--|---|--|---|

**YOUR MEDICAL HISTORY**

|  |  |  |   |   |
|--|--|--|---|---|
| <b>AIDS/HIV</b><br><b>Alcoholism</b><br><b>Allergies (List)</b><br><br>Appendicitis<br>Arteriosclerosis<br>Asthma<br>Birth Trauma<br>Bronchitis<br>Cancer<br>Chicken Pox<br>Cold/Flu<br>Cold sore (Herpes)<br>Dandruff | <b>Diabetes</b><br><b>Dizziness</b><br>Ear infections/tubes<br>Eczema<br>Emphysema<br>Epilepsy<br>Fevers<br>Goiter<br>Gout<br>Headaches/Migraines<br>Heart burn (acidity)<br>Heart Disease<br>Heart Valves<br>Hemorrhoids<br>Hepatitis<br>Herpes<br>High Blood Pressure<br>Infections Kinds? | <b>Multiple Sclerosis,</b><br><b>Mumps</b><br>Pacemaker<br>Paralysis<br>Pleurisy<br>Pneumonia<br>Polio<br>Psoriasis<br>Rheumatic fever<br>Scarlet Fever<br>Seizures<br>Sleeplessness/Insomnia<br>Stroke<br>Viral fevers<br><u>Others (Pl. specify)</u> | <b>Anxiety/ Depression</b><br><b>Bipolar</b><br><u>Surgeries List Please</u><br><br><u>Hypothyroid</u><br><u>Hyperthyroid</u><br>Tuberculosis<br>Typhoid fever<br>Ulcer | <b>Trauma and Injuries</b><br><u>Slip and falls</u><br>(Accidents) Dates<br><br>Varicose veins<br>Venereal Disease<br>Whooping Cough<br><u>Others (Pl. specify)</u> |
|--|--|--|---|---|

**CARDIOVASCULAR SYSTEM**

|   |  |   |  |                                 |
|---|--|---|--|---------------------------------|
| Low Blood Pressure High<br>Blood Pressure<br>Cholesterol High Low<br>LDL High Low<br>HDL High Low | Irregular Heart beat<br>Palpitations, Angina<br>Angioplasty<br>By pass | Artery Blockage<br>Chest Pain, Tachycardia<br>Murmurs | Varicose Veins<br>Spider veins<br>Blood Clots<br>Heart Operation | Fainting<br>Difficult Breathing |
|---|--|---|--|---------------------------------|

**FOOD AND DRINKS**

**VEGETARIAN**

**NON VEGETARIAN**

|   |  |   |  |   |
|---|--|---|--|---|
| <b><u>Appetite</u></b><br>High, Low, Medium<br>Fast Eater<br>Medium<br>Slow Eater<br><b><u>Food Cravings?</u></b> | <b><u>Glasses or cups of</u></b><br>Coffee<br>Soft drinks<br>Teas-<br>Black or Green<br><b><u>Herbal teas- Kinds</u></b> | Artificial Sweetener<br>Sugar<br>Salty Foods<br>Milk cold/hot<br>Cheese Kinds<br>Yogurt- Sweet, plain<br>Fruity | <b>Thirst for water</b><br># Glasses per day<br>Juice-What kinds? &<br>How much per day?<br>Prefer Hot or Cold<br>drinks | <b>Alcohol kinds&amp;</b><br><b><u>How much?</u></b><br>Wine<br>Whiskey<br>Beer<br>Rum<br>Vodka |
| Vegetables/Fruits   | Grains/Bread Kinds   | Beans and lentils   | Meat?<br>Chicken<br>Beef<br>Pork   | Sea foods?  |
| Breakfast<br>Average, Kinds   | Lunch<br>Average, Kinds  | Dinner<br>Average, Kinds  | Snacks<br>Average, Kinds   | Eating Out<br>Times per week  |
|   |  |   |  |   |

**DIGESTIVE SYSTEM**

|   |   |  |   |  |
|---|---|--|---|--|
| Indigestion,<br>Bloating,<br>Burping: normal/ excess<br><br>After food without Food<br><br>Acidity/Burning<br>before or after food<br><br>Acid reflex<br>Gas formation,<br>Flatulence | Nausea<br>Vomiting<br>Bad Breath,<br>Intestinal Cramping,<br>Itchy Anus,<br>Burning Anus<br>Rectal Pain,<br>Hemorrhoids<br><b><u>Change in taste:</u></b><br>Metal, Bitter, Sour<br>other | <b>Bowel Movements</b><br><br>Regular<br><br>Irregular<br><br>Diarrhea/Dysentery<br><br>Constipation | <b>Bowel Movements</b><br><br>Frequency-<br>1x, 2x, 3x per day,<br><br>Once in -2days, 3 days,<br><br>Once a week | <b>Bowel Movements</b><br><br>Color<br><br>Texture<br><br>Odor/Smell |
|---|---|--|---|--|

**RESPIRATORY SYSTEM**

|                                  |  |  |                                 |  |
|----------------------------------|--|--|---------------------------------|--|
| Asthma<br>Wheezing<br>Bronchitis | Difficult breathing<br>when lying<br><br>Shortness of Breath | Sleep Apnea<br>Tight Chest<br>Chest pain | Smokers cough<br>Blood in Cough | Cough-wet or dry<br>Phlegm: Thin or Thick<br>Stringy<br>Phlegm Color |
|----------------------------------|--|--|---------------------------------|--|

**MUSCULOSKELETAL SYSTEM**

|  |  |   |  |  |
|--|--|---|--|--|
| Muscle pain<br>Fibromyalgia<br>Fibrositis<br>Toe pain/Numbness<br>Tennis elbow | Neck pain<br>Shoulder pain<br>Frozen Shoulder<br>Rib Pain<br>Golfers Elbow | Arm Pain<br>Elbow Pain<br>Wrist Pain<br>Foot pain<br>Thigh pain | Hand Pain<br>Finger pain<br>Finger Numbness<br>Calf Pain<br>Leg pain | Upper Back<br>Lower Back<br>Knee Pain<br>Ankle Pain<br>Heel Pain |
|--|--|---|--|--|

**LIFE STYLE**

|   |  |                        |  |                                     |
|---|--|------------------------|--|-------------------------------------|
| Exercise Yes/No<br><br>Right after meal<br>Empty Stomach<br>Morning/Evening | Exercise<br>Regular<br>Irregular<br>Gym / Home | Exercise<br>What Kind? | Drugs<br>Marijuana and or<br>others pl. mention<br><br>Smoker<br>Non Smoker<br>Past Smoker | Stress<br>Low/medium/high<br>Reason |
|---|--|------------------------|--|-------------------------------------|

## HEAD, EARS, NOSE, THROAT AND EYES

|   |   |   |  |   |
|---|---|---|--|---|
| Head aches<br>Migraines<br>Concussions<br>Sore Lips (cold Sores)<br>Dry Mouth<br>Excessive Salivation | Ear Pain<br>Hearing Loss<br>Tinnitus/Ringing<br>Wax, Ear Itch<br>Sinusitis<br>Sinus Headache<br>Polyps<br>Post nasal Drip | Adenoids<br>Tonsils In or Out<br>Re-occurring Sore throats,<br>Pharyngitis<br>Laryngitis<br>Lumps in throat<br>Phlegm<br>Swollen glands<br>Enlarged Thyroid | TMJ<br>Facial Pain<br>Trigeminal Neuralgia<br>Teeth Problems<br>Grinding Teeth<br>Gums Problems<br>Glasses<br>Contacts | Eye Pain<br>Eye Strain<br>Red Eyes<br>Itchy Eyes<br>Spots in Eyes<br>Floaters<br>Poor Vision<br>Blurred Vision<br>Night blindness<br>Cataract<br>Glaucoma |
|---|---|---|--|---|

## NEUROPSYCHOLOGICAL

|   |   |   |  |  |
|---|---|---|--|--|
| Anxiety y/n reason<br><br>Depression y/n reason<br><br>Bipolar<br>Schizophrenia | Seizers<br>Numbness<br>Tics<br>Tourett's Syndrome<br><br>Autism | Memory<br>Good fair bad<br>Memory Loss<br><br>Lack of Concentration<br><br>Lack of Focus<br><br>Vertigo/Dizziness | Abused<br>What Kind?<br><br>Irritability | Easily Stressed<br>Attempted/Considered<br>Suicide<br><br>Consulting Therapist |
|---|---|---|--|--|

## GENITO-URINARY AND MALE COMPLAINTS

|  |  |  |   |   |
|--|--|--|---|---|
| Urgent urination<br>Frequent urination<br>Pain during urination<br>Blood in urine<br>Unable to hold urine<br>Incomplete urination<br>Cystitis<br>Dribbling | Venereal Disease<br>Bed wetting<br>Kidney stones<br>Urine times per night<br>1x, 2x, 3x, 4x____<br>Sexually active<br>Sexually over active | Increased libido<br>Decreased libido<br>Impotence<br>Premature ejaculation<br>Nocturnal emission | No desire<br>Decreased desires<br>Always thinking of sex<br>Unsatisfied sex<br>Others | Prostate problems<br>Prostatitis<br>Prostate enlargement<br>Prostate Operation<br>Prostate Cancer |
|--|--|--|---|---|

## FEMALE SYSTEMS AND PROBLEMS

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>Menstruation</b><br>Age menses began<br><br>Regular irregular<br>Length of cycle<br><br>Periods heavy<br>Scanty/Missed<br>Spotting  | Cramp<br>Pains<br>Painful Breast<br>Acne worst at<br>Menses<br>Breast Lumps  | <b>PMS</b><br>Yes or NO<br>Anxiety<br>Irritability<br>Mood swings<br>Nervous tension  | <b>PMS</b><br>Appetite increased<br>Head aches<br>Fatigue<br>Dizziness<br>Cravings What?   | <b>PMS</b><br>Depression<br>Crying<br>Forgetfulness<br>Confusion                 | <b>PMS</b><br>Fluid retention<br>Weight gain<br>Breast<br>tenderness<br>Bloating                                  |
| Pregnancies y/n<br>Miscarriages #<br>DNC #<br>Children #<br>Male #<br>Female #<br>Adopted<br>Premature births<br>Date of PAP test last | Vaginal discharge<br>Color:<br>clear,<br>white milky,<br>albumin like,<br>yellow<br><br>Clots<br><br>Off smelling<br><br>Yeast Infections<br>y/n<br>Treatments | Vaginal<br>Dryness /itch<br><br>Uterine Fibroids<br><br>Fibroids operated<br><br>Bleeding<br><br>Vaginal sore<br>Vaginal odor<br>Pelvic<br>inflammatory Dis.<br>(PID) | <b>Menopause</b><br>Age at menopause<br><br>Post Menopause<br><br>Menopausal<br><br>Peri-menopause<br>Pre-menopause<br><br>Hot flashes<br>Head aches<br>Fatigue<br>Forgetfulness | Hysterectomy<br>Complete<br>Partial<br><br>Hormone Therapy<br><br>What hormones? | Endometriosis<br>Ovarian cysts<br>PCOS<br>Tumors<br>Breast Cancer<br><br>Warts genital<br><br>Other<br>infections |

## SKIN AND MORE

|   |   |   |   |   |
|---|---|---|---|---|
| Eczema Parts<br>Dry<br>Wet<br>Psoriasis<br>Acne<br>Acne Rosacea | Rashes<br>Urticaria<br>Hives<br>Skin ulcers<br>Wounds | Fungal infections<br>Athletes foot<br>Skin Dryness<br>Itching | Hair loss<br>Dandruff<br>Alopecia<br>Change in the texture of the hairs | Graying of Hairs<br>Boils<br>Acne<br>Nails problems |
|---|---|---|---|---|

## GENERAL COMPLAINTS

|  |   |  |   |  |
|--|---|--|---|--|
| <b>WEIGHT</b><br>Wants to loose<br>Weight y/n<br><br>When did you gained weight?<br><br>How much you want to loose? Wants to Gain weight | <b>SLEEP</b><br>Sleeplessness<br>Insomnia<br>Poor sleep<br>Interrupted Sleep<br>Dream sleep | <b>ENERGY STATUS</b><br>Lack of energy<br>Morning<br>Afternoon<br>Evening<br>Fatigued<br>When<br><br>Lack of Strength<br>Body feels heavy<br>Fatigued in the evening | Cold hands and feet<br>Poor circulation<br>Fever<br>Chills<br>Night Sweats<br>Sweating Easily<br>Muscle Cramps<br>Easy bruising or bleeding | Body pains migrate<br><br>Leg nervousness<br>Effect on pain during Weather Change<br>Cold/wind<br>rain/humidity<br>Snow/ storm<br><br>Morning<br>Evening |
|--|---|--|---|--|

## OTHER PRACTITIONERS: Have you seen the following? Comment as questioned?

| Chiropractor              | Massage                                     | Physiotherapist           | Naturopath/Homeopath                        | Nutritionist                                |
|---------------------------|---|---------------------------|---|---|
| <u>Dr.</u>                | <u>Therapist</u>                            | <u>Therapist</u>          | <u>Dr.</u>                                  | <u>Name</u>                                 |
| Reason of visit           | Reason of visit                             | Reason of visit           | Reason of visit                             | Reason of visit                             |
| Times visited<br>Benefits | Times visited<br>Benefits                   | Times visited<br>Benefits | Times visited<br>Recommendations & Benefits | Times visited<br>Recommendations & Benefits |
| Acupuncturist             | Herbalist                                   | Reiki                     | Yoga/Meditation                             | Others                                      |
| <u>Dr.</u>                | <u>Name</u>                                 | <u>Practitioner</u>       | <u>Teacher</u>                              | <u>Modality and Practitioner</u>            |
| Reason of visit           | Reason of visit                             | Reason of visit           | Reason of visit                             | Reason of visit                             |
| Times visited<br>Benefits | Times visited<br>Recommendations & Benefits | Times visited<br>Benefits | Times visited<br>Benefits                   | Times visited<br>Benefits                   |

## OTHER RELEVANT INFORMATION:

Please Read and Sign-

\*If under 18 years old, a parent or guardian must sign

The undersigned, understands that today I am not seeing a medical doctor, but instead an Ayurveda Consultant, Herbalist, Homeopath, Holistic Nutritional Consultant and/or Acupuncturist. As such, I acknowledge that it is my right and responsibility, at any time throughout my treatment with the Ranvir Pahwa, to seek medical counsel and diagnosis, if so desired, from a medical doctor, for any present and/or future condition(s). I also reserve the right to terminate Ayurvedic, Homeopathic, Herbal, Nutritional and Acupuncture treatment at any time if so inclined. I acknowledge that the state of my health is my own responsibility and that I am exercising my right to choose an alternative method of treatment, in above modalities, that addresses my health in its entirety.

Date

Patient's Signature

Diet/Nutrition

Constitution Supplements

Dos's/Don'ts

Exercise

## AYURVEDIC DOSHA TABLE

Check each column and row with one or more attributes which describes you best. Add up your all checks in the bottom chamber.

| Factors                 | VATA  | PITTA  | KAPHA  |
|-------------------------|---|--|--|
| Body/Built (Physique)   | lean, slim, visible veins, too short or too tall  | medium/moderate  | Large built, wide shoulders and hip , thick                            |
| Weight                  | Low   | Medium   | Over weight  |
| Chin                    | Angular, thin   | Tapering   | Rounded double   |
| Cheeks                  | Sunken, wrinkled  | Smoot, flat  | Rounded, plump   |
| Eyes                    | Small, sunken, dry, dull, brown, black, iris, attractive, active, nervous               | Medium, sharp, bright, penetrating, gray, green, yellow red iris, sensitive to light | Big , beautiful, dark brown, blue iris, calm loving, thick eyelashes   |
| Lips                    | Dry, cracked, black/brown   | Red, inflamed, yellowish   | Oily, large, firm, smooth, whitish, pale                               |
| Nose                    | Uneven, deviated septum   | Long, pointed red nose tip   | Big, broad, rounded, thick, button shape                               |
| Teeth & gums            | Protruded, stick out, crooked, irregular, spacious, thin gums,                          | Medium, regular, yellowish tint, gums: soft, tender, pink, bleed easily              | Large, strong, white, healthy Gums strong, pink to dark, oily          |
| Skin                    | Thin, dry, rough, cold, dull, brown, dark   | Oily, soft, warm, moist, pink, rosy, red ruddy, flushed, yellowish                   | Oily, moist, thick, white, cool, pale, glistening,                     |
| Hairs                   | Dry, rough, brittle, knotted, scanty, blackish, brown                                   | Soft, oily, straight, fine, gray early, or balding, blond, red, carrot color,        | Oily, thick, abundant, curly, lustrous, wavy,                          |
| Nails                   | Dry, rough, brittle, small, cracked   | Strong, sharp, flexible, soft, pink, medium, lustrous                                | Strong, large, thick, firm, white oily                                 |
| Appetite                | Variable, erratic, scanty   | Strong, sharp, unbearable, eats big meals,   | Steady, low and can skip meals   |
| Digestion               | Good or bad digestion, irregular, gaseous,  | Usually good or quick, causes burning  | Good, Slow, prolonged, feels full, would note mucous formation         |
| Thirst                  | Changeable, variable,   | Excessive  | low  |
| Taste                   | Prefers sweet, sour, salty  | Sweet, bitter and astringent, spices less  | Bitter, pungent, astringent  |
| Elimination             | Often constipated, irregular, hard, dry, gaseous  | Loose, burning, oily, yellowish. regular   | Regular, thick, oily, mucous, Moderate, pale hue                       |
| Circulation             | Poor circulation (cold hand and feet), no or little perspiration                        | Good circulation and perspires easily  | Perspiration moderate  |
| Physical activity       | Very active, Hyperactive, Fast  | Moderately active  | Slow and lethargic   |
| Sex                     | Variable  | Moderate, ready, passionate  | Constant and low   |
| Habits/Hobbies Activity | Attracted to nature, likes to travel, parks, dancing, running, talking, recreation      | Loves sports and politics, debate, hunting, competitive                              | Loves water, sailing and flowers Social gathering, cooking, collecting |
| Foods                   | Likes to nibble and snack   | High protein diets   | Loves fatty and starchy foods  |
| Sleep                   | Restless sleep, sleeplessness   | Sleeps moderate and sound  | Sleeps heavy, excessive  |
| Memory                  | Grasps quick but forgets easily   | Sharp and clear, distinct  | Slow to learn, retains   |
| Mind                    | Mind is quick, adaptable, changeable, indecisive  | Mind is critical, intelligent, aggressive and penetrates                             | Mind is slow, steady and lethargic, could be calm                      |
| Mental nature           | Quick, fast, erratic, talkative   | argumentative, convincing and moderate   | slow, definite and less talkative                                      |
| Dreams                  | Flying, moving, running, swimming floating, being chased, anxiety, nightmares, restless | Colorful, passionate, aggressive, murders  | Few and romantic   |
| Emotions                | Worries, easily excited, nervous  | Tendency to anger, irritable impatient, irritability, argues                         | Calm, contented, attached and composed                                 |
| Faith                   | Changeable, rebellious  | Leader, goals, fanatic   | Constant, conservative, loyal  |
| In Sickness             | Complaints about pains and aches, nervous disorders                                     | Feels, heat, gets infection and inflammation   | Water retention is noted, and mucus                                    |
| Voice                   | Voice slow and silent   | Voice is sharp and high  | Voice constant, pleasant, deep   |
| Spending                | Spends money quickly and impulsively  | Spends money as needed with reason, likes luxury                                     | Saves money and spends slowly.   |
| Weather                 | Dislikes cold, prefers warm, sunshine,  | Likes cool and ventilated places,  | Dislikes humid and cold  |
| Total                   |   |  |  |

