



PRAKRUTI ANALYSIS SHEET

DATE: _____

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE DAY: _____ NIGHT: _____

GENERAL HISTORY

Age: _____ Height: _____

Date of Birth _____ Place of Birth _____

Current Weight _____ (6) months Ago _____

Would you like your weight to be different? ____ Yes ____ If yes what _____

What are your major health concerns? _____

Other concerns /or goals? _____

At what point in your life did you feel the best _____

SPIRITUALITY:

Are you religious or spiritual? _____

Meditate (Is it easy or difficult to focus?) _____

Yoga (if yes, what is the purpose of the practice) _____

PULSE ANALYSIS:

CHARACTERISTICS	VATA	PITTA	KAPHA
Body frame	Thin, short, very tall	Medium/toned	Heavy / broad/even
Speech	Fast, missing words	Fast/sharp/clear	Slow/ clear/sweet
Temperament	Fearful/indecisive	Arrogant/ intelligent	Greedy / stable
Spirituality	Disciplined	Tendency to material	Primarily material
How do you eat	Quick	Medium	Slow
Hunger level	Irregular	Sharp/ needs food	easily miss meals
Prefers food/drink	Warm	Cold	Dry and warm
Achieving goals	Easily distracted	Focused, driven	Slow steady
Capacity of giving	Small amount	None/ infrequently	Generously
Relationships	Many casual	Intense	Long and deep
Sexual desires	Varies/ low	Moderate	Strong
Finance	Quick spender	Saves, big spender	Saves, wealthy
Prefers work	While supervised	Alone	In groups
Musculature	Wiry, thin	Smooth, flabby	Robust
Weather preference	Aversion to cold	Aversion to heat	Aversion to damp
Reaction to stress	Excites quickly	Medium	Slow to get excited
Friendships	Short term	Loner, occupation re.	Long term
Condition of mind	Quick, restless	Sharp/ aggressive	Calm, steady
Memory	Short term best	Good general	Long term best
Thoughts	Constantly changing	Fairly steady	Steady, stable, fixed
Concentration	Short term focus	Better than average	Ability for long term
Ability to understand	Quick learner	Medium	Slow to learn things
Dreams	Hyperactivity	Adventurous	Calm
Sleep	Interrupted, light	Sound, medium	Sound, heavy, long
Mantra & Prayers	Occasionally	Daily	Never
Adjusting nature	Variable	Almost no	Very good
Voice	High pitched	Medium pitched	Low pitched
My stature is	Shorter, taller	Medium build	Robust/developed
Amount of hair	Average	Thinning	Thick
Hair type	Dry	Normal	Oily
Hair color	Light brown/ blonde	Red/auburn	Dark brown, black
Skin	Dry, rough, both	Soft, norm-oily	Oily, moist, cool
Skin temperature	Cold hands/ feet	Warm	Cool
Complexion	Darker	Pink-red	Pale- white
Eyes	Small	Medium	Large
Whites of eyes	Blue/brown	Yellow/red	Glossy – white
Size of teeth	Very large/ small	Small-medium	Medium- large
Weight	Thin, hard to gain	Medium	Heavy, gain easy
Elimination	Hard, constipated	daily, soft	Heavy, slow, thick, regular
Menstruation	Painful, irregular	Heavy, regular	normal

PLEASE SPECIFY ANY PAST OR PRESENT MEDICAL CONDITIONS:

Resting pulse in men	70-90	60-70	50 – 60
Pulse in women	80-100	70-80	60-70
Veins and tendons	Very prominent	Fairly prominent	Well covered
Attracted to	Sweet, hot food	Sweet, cold	Spicy and warm
Accused of	Restless, hyperactive	Perfectionist	Overly complacent
In social situations	Shy, lacks confidence	Feel confident	Relaxed, humorous
Family traits	Joint pain, arthritis	Hypertension, heart	Obesity, diabetes
In difficulty	Overwhelmed	Controlling	Calmed, unruffled
Exercise tolerance	Low	Medium	High
Endurance	Fair	Good	Excellent
Strength	Fair	Better than average	Excellent
Speed	Very good	Good	Not so fast
Competition	Un-competitive	Driven	Competitive
Walking speed	Fast	Average	Slow and steady
Muscle tone	Lean, low body fat	Medium	Brawny
Runs like	Deer	Tiger	Bear
Response to environment	Variable	Prompt, sharp	Slow reaction
Reaction time	Quick	Average	Slow
Moods	Change quickly	Change slowly	Steady and unchanging
Stress reactions	Fear	Anger	Indifference
More sensitive to	Own feelings	Not sensitive	Other's feelings
When threatened, I	Run	Fight	Make peace
Relations to partner	Clingy	Jealous	Secure
Expresses affection	With words	With gifts	With touch
When feeling hurt	Cries	Argues	Withdraws
Mental trauma	Anxiety	Denial	Depression
Confidence level	Timid	Outwardly confident	Inner confidence
Body capacity	Dryness/ roughness	Sweaty	A lot of mucus
Thirst	Less	Always thirsty	Less
Cleanliness	High pitched	Moderate	Low pitched
Desire	Little	Some	A lot
Pride	Moderate	Some ego	Vain
Anger	Sometimes	Frequently	Rarely
Contentment	Never	Sometimes	Always
Patience	Variable	Less	Very good
I spend money	Impulsive	Very careful	Miser
Routine	Irregular	Punctual, sharp	Late to follow routine
Metabolism	Irregular	Strong	slow
Total			

PLEASE SPECIFY ANY PAST & PRESENT MEDICATION/S OR SUPPLEMENT/S OR ANY SURGERY:

WHAT IS EXPECTATION FROM PRACTITIONER?

WHY DID YOU CHOOSE TO SEE A HOLISTIC PRACTITIONER?

SPECIFIC IMBALANCES:

WORK HISTORY:

Nature of work:

How long is their commute to work?

Is the nature of work stressful?

Work hours in a week:

Do you bring back work to the house?

Do you get time to eat or drink at work?

Relationship with colleagues:

Do you consider yourself to be social?

Do you see your goals being fulfilled being in this area of work?

PRESENT FAMILY:

Married / single / divorced

Define the quality of relationship with spouse: _____

Children _____ NO _____

Define the quality of relationship with children _____

Do you live with the family: _____?

Social history:

a. Tobacco use _____, b. Recreational drugs _____, c. Alcohol _____

d. caffeine _____ e. Sexual History: _____

f. Relationship with friends: _____ g. Physical strength: _____

h. Psychological strength: _____

i. Structural and functional abnormalities of the body: _____

FAMILY HISTORY:

Grandparents: _____

Mother: _____

Father: _____

Siblings: _____

Any genetic pre-disposition: _____

Place of birth and place of upbringing: _____

EXERCISE ROUTINE:

How many days a week: _____

What kind of exercise:

Have you been professionally guided in making a choice for your exercise regimen?

WHAT IS A TYPICAL DAY/NIGHT ROUTINE?

WHAT IS YOUR DAILY DIET?

What foods did you eat as a child?

Breakfast Lunch Dinner Snacks Liquids

What foods do you eat now?

Breakfast Lunch Dinner Snacks Liquids

What percent of your food is cooked at home? _____ Do you personally cook?

How often do you eat? _____ Are there long intervals or gap between meals?

Will family and friends be supportive of any changes you make to your diet and lifestyle?

The most important thing you should change about your diet to improve your health is?

CRAVINGS:
